Designation of Treasurer Prescribed by Secretary of State 07/05

FILED

All Committees				T 13 PH 3: 15
Full Name of Committee	inst 1	Chris Pari	carrich mater	NIMEN CALINTY
Street Address	Telephone N		e-mail Address	OF ELECTIONS
340 PINEVIEW DR.	614	446-411 /	CNRISTFOY FAX Number	MAYUY EYAN
City Whitehell	State /	43213	1 AA Puntei	
Full Name of Treasurer	1/0		•	
Street Address (Telephone Number e-mail Address				
3789 Berechton Rd 6/4		837-3104	NA	
City Examples +	State	Zip Code 43339	FAX Number	
Full Name of Deputy Treasurer (if any)				
Street Address Telephone N		lumber	e-mail Address	
City	State	Zip Code	FAX Number	
Candidate's Campaign Committees	s Only			
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan	
Street Address Office Sough		ht	Subdivision/District	
Office Sough				
City State		Zip Code	Election Year	
Signature of Candidate		<u></u>	Date	
Political Action Committees Only				
is the PAC sponsored by a labor if Yes, name the sponsor Acronym, if any				
organization or corporation? No Yes. PAC Registration Number Authorized Signature	Yes.		Liet any offiliated DACs	
rac Registration Number Authorized Signature	Registration Number Authorized Signature		List any affiliated PACs	
Political Parties, Political Contributing Entities,				
or Legislative Campaign Funds Only Authorized Signature Date Ballot Issue PAC?				
· rearries - Summe			Yes No	
College A. Vitale 10-10-2011 Signature of Treasurer Date				
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledg Change of Treasurer/Acknowledgement of App Designation or change of Deputy Treasurer	ointment	Appointment		
☐ Change of Committee name. The previous name	e was:			
\Box Change of Filing Location. The previous location	on was: _			
The new location is:				
☐ Change of Office Sought from		to		
Other. Please explain:				