Designation of Treasurer

FILED

Prescribed by Secretary of State 07/05

All Committees Full Name of Committee BOARD OF ELECTIONS e-mail Address Cメ 614 FAX Number OH e-mail Address Telephone Number State City Zip Code FAX Number Full Name of Deputy Treasurer (if any) Street Address Telephone Number e-mail Address City State Zip Code FAX Number Candidate's Campaign Committees Only Party Affiliation/Independent/Non-Partisan Office Sought 9937 (ouncil Zip Code Election Year State 43231 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 Date List any affiliated PACs Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only Authorized Signature Date Ballot Issue PAC? ☐ Yes ☐ No Signature of Treasurer Date Reason(s) for filing this form: Original Designation of Treasurer/Acknowledgement of Appointment ☐ Change of Treasurer/Acknowledgement of Appointment ☐ Designation or change of Deputy Treasurer ☐ Change of Address for ☐ Change of Committee name. The previous name was: ☐ Change of Filing Location. The previous location was: The new location is: ☐ Change of Office Sought from ___ _____ to ___ Other. Please explain: