

Designation of Treasurer

Prescribed by Secretary of State 07/05

FILED

2013 JUN 14 AM 11:55

All Committees				FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Committee: <u>Peter Walsh for Council</u>					
Street Address: <u>4271 Woodhall Rd.</u>		Telephone Number: <u>614-294-6216</u>		e-mail Address: <u>Pwalsh@ColumbusTempl.com</u>	
City: <u>Columbus</u>		State: <u>OH</u>	Zip Code: <u>43220</u>	FAX Number: <u>614-294-2940</u>	
Full Name of Treasurer: <u>Peter Sheridan Walsh</u>					
Street Address: <u>4271 Woodhall Rd.</u>		Telephone Number: <u>614-294-6216</u>		e-mail Address: <u>Pwalsh@ColumbusTempl.com</u>	
City: <u>Columbus</u>		State: <u>OH</u>	Zip Code: <u>43220</u>	FAX Number: <u>614-294-6216</u>	
Full Name of Deputy Treasurer (if any):					
Street Address:		Telephone Number:		e-mail Address:	
City:		State: <u>OH</u>	Zip Code:	FAX Number:	
Candidate's Campaign Committees Only					
Full Name of Candidate: <u>Peter Sheridan Walsh</u>				Party Affiliation/Independent/Non-Partisan: <u>Non-Partisan</u>	
Street Address: <u>4271 Woodhall Rd.</u>		Office Sought: <u>Upper Arlington City Council</u>		Subdivision/District: <u>Upper Arlington</u>	
City: <u>Columbus</u>		State: <u>OH</u>	Zip Code: <u>43220</u>	Election Year: <u>2013</u>	
Signature of Candidate: <u>[Signature]</u>				Date: <u>6/14/13</u>	
Political Action Committees Only					
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, name the sponsor:			Acronym, if any:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

[Signature]
Signature of Treasurer

6/14/13
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: _____