

Designation of Treasurer

Prescribed by Secretary of State 07/05

2013 SEP -6 AM 11:19

All Committees

Full Name of Committee COMMITTEE TO ELECT SLADE HANKINSON SHARON TOWNSHIP TRUSTEE			
Street Address 326 ROSSLYN AVE.	Telephone Number 614-880-9293	e-mail Address Sladehankinson@aol.com	
City COLUMBUS	State OH	Zip Code 43214	FAX Number

Full Name of Treasurer ANGELA L. HANKINSON			
Street Address 326 ROSSLYN AVE	Telephone Number 614-880-9293	e-mail Address hankinsons@aol.com	
City COLUMBUS	State OH	Zip Code 43214	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

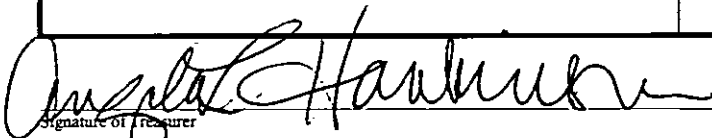
Full Name of Candidate SLADE R HANKINSON		Party Affiliation/Independent/Non-Partisan	
Street Address 326 ROSSLYN AVE	Office Sought SHARON TOWNSHIP TRUSTEE	Subdivision/District	
City COLUMBUS	State OH	Zip Code 43214	Election Year 2013
Signature of Candidate		Date	

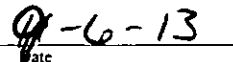
Political Action Committees Only

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
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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: _____