## Designation of Treasurer Prescribed by Secretary of State 07/05

1917 MB -3 AM 7: 57

	hony Caldwell			ere en		
Street Address 5112 Maple Valley Drive		Telephone Number (330) 651-2042		e-mail Address anthonyacaldwe	c-mail Address anthonyacaldwell@gmail.com	
City Columbus		State	Zip Code 43228	FAX Number	FAX Number	
Full Name of Treasurer Amelia Caldw	ell					
Street Address 5112 Maple Valley Drive		Telephone Number (614) 607-9088		e-mail Address ameliacaldwell	e-mail Address ameliacaldwell@outlook.com	
City Columbus		State   Žip Code OH 43228		FAX Number	FAX Number	
Full Name of Deputy Treasure	er (if any)					
Street Address		Telephone Number		e-mail Address	e-mail Address	
City		State OH	Zip Code	FAX Number	***************************************	
Candidate's C	ampaign Comm	ittees Only	<del></del>			
Full Name of Candidate Anthony Caldy				Party Affiliation/Independent Democrat	Party Affiliation/Independent/Non-Partisan Democrat	
Street Address 5112 Maple Valley Drive		Office Sought School Board			Southwestern City Schools	
<sup>City</sup> Columbus		State OH	Zip Cede 43228	Election Year 2017	<b>!</b>	
Signature of Candidate				Date		
Political Actio	n Committees O	nly				
is the PAC sponsored by a labor prantization or corporation?					Acronym, if any	
PAC Registration Number	Authorized Signature	horized Signature		List any affiliated PACs	<b></b>	
	Political Contribution	g Entities,	1			
	or Legislative Campaign Funds Only Authorized Signature			Ballot Issue PAC?		
or Legislative Car			Date	□Y	es $\square$ No	
or Legislative Car Authorized Signature	· ColSwell		Date	\$/2/17 Date	es E No	
Authorized Signature  Signature of Treasurer  Reason(s) for filing the Original Design Change of Treas	his form: ation of Treasurer/Acknosurer/Acknowledgement change of Deputy Treasu	of Appointment rer	Appointment	8/2/17		
Authorized Signature  Authorized Signature  Signature of Treasurer  Reason(s) for filing the Original Design Change of Treasurer  Change of Address of Add	his form: ation of Treasurer/Acknowledgement change of Deputy Treasuress for	of Appointment rer	Appointment	\$/2/17 Date		
Change of Com	his form: ation of Treasurer/Acknowledgement change of Deputy Treasurers for mittee name. The previo	of Appointment rer us name was:	Appointment	\$/2/17 Date		
Authorized Signature  Authorized Signature  Signature of Treasurer  Reason(s) for filing the Change of Treasurer  Change of Address Change of Com	his form: ation of Treasurer/Acknosurer/Acknowledgement change of Deputy Treasuress for mittee name. The previous	of Appointment rer  us name was: s location was:	Appointment	\$/2/17 Date		