Designation of Treasurer Prescribed by Secretary of State 07/05



II AHC -5 AM 9: FL

AlliCommittees	福沙尔美国			
Full Name of Committee GROSH FOR MAYOR			BOARD OF ELECTIONS	
Street Address 2587 BRIAR ROSE DUE	Telephone Number	4-1815	e-mail Address	
City .	State Zip C	Code	FAX Number	
Full Name of Treasurer	OH 4	1-323		<u> </u>
MARTIN GREAT	Tolankora Vanskar		e-mail Address	
Street Address	Telephone Number		C-man Address	
City	State 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 Committee	es Only		<u> </u>	••
Full Name of Candidate NARTINE CTROSH			Party Affiliation/Independent/Non-Partisan	
Street Address	Office Sought		Subdivision/District	PARK
City	State Zip Code	,	Election Year	
Signature of Candidate Marthy Sept			Date 8.5./	
Political Action Committees Only				
Is the PAC sponsored by a labor organization or corporation?				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?	
			☐ Yes	□No
Signature of Treasurer		Date		
Reason(s) for filing this form: Qriginal Designation of Treasurer/Acknowle Change of Treasurer/Acknowledgement of A Designation or change of Deputy Treasurer	edgement of Appoints		711	
☐ Change of Committee name. The previous na	ame was:			
Change of Filing Location. The previous loc	ation was:			
The new location is:				
Change of Office Sought from		_ to		
Other. Please explain:			_	