Designation of Treasurer Prescribed by Secretary of State 07/05

FILEU

All Committee		•		
All Committees			14.1111	3 AH 9: 23
Full Name of Committee Gahanna Cifiz	ens	for a Pro	os perou 5 RATIO	huranity
1370 Harrison Pond Drive		- 774-8747	e-mail Address ARQU U	nifer@yahovicon
Liv New Albany	State	Zip Code 43054	FAX Number	•
Full Name of Treasurer JOSEPH John Stefa Street Address				
Street Address	Telephone	Viimber	e-mail Address	
1317 Greencroft RD	-40/7	327-03/7 Zip Code	Stefanov2@mithall.edu	
Cahanna	State	2ip Code 43230	FAX Number	
Full Name of Deputy Treasurer (if any)				
Street Address	Telephone Number		e-mail Address	
City	State	Zîp Code	FAX Number	
Candidate's Campaign Committee	s Only			
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan	
Street Address	Office Sought		Subdivision/District	
City	State	Zip Code	Election Year	
Signature of Candidate			Date	
Delitical Action Committees Only				
Political Action Committees Only Is the PAC sponsored by a labor If Yes, name the sponsor	_			Acronym, if any
organization or corporation?				, , , , , , , , , , , , , , , , , , , ,
PAC Registration Number Authorized Signature	horized Signature Date		List any affiliated PACs	
Political Parties, Political Contributing Ent	ities,			
or Legislative Campaign Funds Only				
Authorized Signature Date		Date	Ballot Issue PAC?	
with Stefan			3/2014	
Signature of Treasurer		Date	′	
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Change of Treasurer/Acknowledgement of App Designation or change of Deputy Treasurer Change of Address for		Appointment		
☐ Change of Committee name. The previous name				
☐ Change of Filing Location. The previous locati	on was:			
The new location is	:			
☐ Change of Office Sought from		to		
Other. Please explain:			·	