

Designation of Treasurer

Prescribed by Secretary of State 07/05

07/05

All Committees			
Full Name of Committee <i>Committee to Re-Elect Barbara D Adams - Madison Township Fiscal Officer</i>			
Street Address <i>6575 Lakeview Circle</i>	Telephone Number <i>614-920-3484</i>	e-mail Address <i>radams0218@aol.com</i>	
City <i>Canal Winchester, OH 43110</i>	State <i>OH</i>	Zip Code <i>43110</i>	FAX Number <i>614-920-3241</i>
Full Name of Treasurer <i>Barbara D Adams</i>			
Street Address <i>6575 Lakeview Circle</i>	Telephone Number <i>614-920-3484</i>	e-mail Address <i>radams0218@aol.com</i>	
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	FAX Number <i>614-920-3241</i>
Full Name of Deputy Treasurer (if any) <i>N/A</i>			
Street Address	Telephone Number	e-mail Address	
City	State <i>OH</i>	Zip Code	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate <i>Barbara D Adams</i>		Party Affiliation/Independent/Non-Partisan <i>Non-Partisan</i>	
Street Address <i>6575 Lakeview Circle</i>	Office Sought <i>Madison Township Fiscal Officer</i>	Subdivision/District <i>Madison Township</i>	
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	Election Year <i>in 2011 for 2012-2016</i>
Signature of Candidate <i>Barbara D Adams</i>		Date <i>8/1/11</i>	
Political Action Committees Only <i>up</i>			
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 <i>N/A</i>			
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No

Barbara D Adams
Signature of Treasurer

8/1/11
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: _____