Designation of Treasurer Prescribed by Secretary of State 07/05

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All Committees Full Name of Committee ERANKLIN COUNTE <u>AGARO</u>OF ELECTIONS Telephone Number 3986 Main Street P. Williamson, Ci denniswop@anail.com Full Name of Deputy Treasurer (if any) Street Address Telephone Number e-mail Address Zip Code FAX Number City Candidate's Campaign Committees Only Full Name of Candidate Party Affiliation/Independent/Non-Partisan Subdivision/District Office Sought Street Address City State Zip Code Election Year Date Signature of Candidate Political Action Committees Only Is the PAC sponsored by a labor If Yes, name the sponsor Acronym, if any preprinced by a later specific properties?

No Yes No □ Yes. AC Registration Number List any affiliated PACs Date Authorized Signature Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only Date Ballot Issue PAC? Authorized Signature Yes □ No Dernes P. Williamson, CPA 2/17/13 Reason(s) for filing this form: A 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 _____ Other. Please explain: