

## **Designation of Treasurer**

## FILED

Prescribed by Secretary of State 07/05 All Committees Full Name of Committee FRANKLIN COUNTY **BOARD OF ELECTIONS** e-mail Address 623 (X) akirk 196 OH Telephone Number e-mail Address State Zip Code City FAX Number OH Full Name of Deputy Treasurer (if any) Street Address Telephone Number e-mail Address City State Zip Code FAX Number OH Candidate's Campaign Committees Only Party Affiliation/Independent/Non-Partisan nkdivision/District OH Political Action Committees Only Is the PAC sponsored by a labor If Yes, name the sponsor Acronym, if any rganization or corporation? List any affiliated PACs PAC Registration Number Authorized Signature Date Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only Ballot Issue PAC? Authorized Signature □ No ☐ Yes Signature of Treasurer 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 \_\_\_\_\_ to \_\_\_\_ Other. Please explain: