## Designation of Treasurer Prescribed by Secretary of State 07/05

11 MAR - 1 AM In: 20 \_

All Committees				
Full Name of Committee Mifflin Fire/EMS Committee 19	92		90	NAMED OF ELECTIONS
Street Address	Telephone Number		e-mail Address	
475 Rocky Fork Boulevard	(614)	471-0542 Zip Code	deconnick)@	@miftwp.org
Gahanna	OH	43230	(614) 478-6	5733
Full Name of Treasurer Barbara A Wilhelm				
Street Address	treet Address Telephone Number		e-mail Address	
409 Worman Dr.		337-2693	bwilhelm@sbcglobal.net	
City Gahanna	State OH	Zip Code 43230	FAX Number (614) 478-6	6733
Full Name of Deputy Treasurer (if any)				
Street Address	Street Address Telephone Number		e-mail Address	
City	State	Zip Code	FAX Number	
<u> </u>	ОН			
Candidate's Campaign Comn	nittees Only			
Full Name of Candidate			Party Affiliation/Indep	endent/Non-Partisan
Street Address	Office Sou	ight	Subdivision/District	
City	State OH	Zip Code	Election Year	
Signature of Candidate			Date	
Political Action Committees C	Only	<u></u>		
Is the PAC sponsored by a labor organization or corporation? LINO [1]Yes.				Acronym, if any
PAC Registration Number Authorized Signature		Date	List any affiliated PAC	Cs
Political Parties, Political Contributin	•			
or Legislative Campaign Funds Only	<u> </u>			
Authorized Signature	Authorized Signature Date		Ballot Issue PAC?	Yes No
Lachan a. Wel	· lh.l.	)	2/24/11	
Signature of Treasurcr		<del></del>	Date	
Reason(s) for filing this form:  Original Designation of Treasurer/Acknowledgement Change of Treasurer/Acknowledgement Change of Deputy Treasurer Change of Address for	it of Appointment surer	1		
Change of Committee name. The previous	ous name was: _			
Change of Filing Location. The previous	is location was:			
The new loc				
Change of Office Sought from				
Ci Other Please explain:				