

Designation of Treasurer Prescribed by Secretary of State 5/05

2015 MAY 29 AM 11: 49

All Committees			3GARD OF ELECTIONS
Full Name of Committee			
Madison for Bexley City Council			
Street Address	Telephone Nu		E-Mail Address
127 S. Dawson Avenue		<u>14-783-0271</u>	tmadison@madisonrosan.com
City	State	Zip Code	FAX Number
Bexley Full Name of Treasurer	$\frac{1}{0}$	H 43209	614-228-5601
Emily D. Turner			
Street Address	Telephone Nu	mher	E-Mail Address
57 South Cassady Avenue		14-204-4747	emilyturnermu@gmail.com
City	State	Zip Code	FAX Number
Bexley	OIF	1 43209	
Full Name of Deputy Treasurer (if any)			
Kristin E. Rosan			
Street Address	Telephone Nu		E-Mail Address
39 E. Whittier Street		14-228-5600	krosan@madisonrosan.com
City Columbus	State	Zip Code	FAX Number
	LOIF		614-228-5601
Candidate's Campaign Comm	rittees (Only	
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan
Timothy G. Madison			Non-Partisan
Street Address	Office Sought		Subdivision/District
127 S. Dawson Avenue		City Council	City of Bexley
City	State	Zip Code	Election Year
Bexley Signature of Candidate	<u> </u>	I 43209	2015
Signature of Candidate		5/27/15	
Political Action Committees (Only	· · · · · · · · · · · · · · · · · · ·	
Is the PAC sponsored by a labor If Yes, name the sponsor		· · <u></u>	Acronym, if any
organization or corporation?			
No Yes			
PAC Registration Number Authorized Signature		Date	List any affiliated PACs
Palitical Parties Palitical Co	1		
Political Parties, Political Con	tributi:	ng Entities,	
Or Legislative Campaign Fun	ds Onl	v	
1		J	
		Date	Ballot Isue PAC?
			Ballot Isue PAC?
			Ballot Isue PAC? Yes No
Authorized Signature Elicit D June			
Authorized Signature Signature of Treasurer			
Authorized Signature Elicit D June			
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowle	edgement o	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation of new Treasurer/Acknowledge	edgement o	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation of new Treasurer/Acknowledge Designation or change of Deputy Treasurer	edgement of A	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation or change of Deputy Treasurer Change of Address for Campaign Com	edgement of A	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation or change of Deputy Treasurer Change of Address for Campaign Com Change of Committee name. The previous name	edgement of A	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation of new Treasurer/Acknowledge Designation or change of Deputy Treasurer Change of Address for Campaign Com Change of Committee name. The previous name of Change of Filing location. The previous located the committee of the com	edgement of A nmittee ame was ion was	Date Date	
Authorized Signature Signature of Treasurer Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Designation or change of Deputy Treasurer Change of Address for Campaign Com Change of Committee name. The previous name	edgement of A nmittee ame was ion was	Date Date	