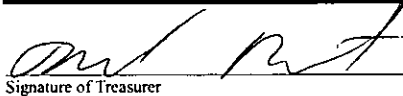


Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees				
Full Name of Committee OUR COMMUNITY OUR SCHOOLS				
Street Address 6737 COLLINGWOOD Dr		Telephone Number 614 898-7038		e-mail Address M BOROWITZ@INSIGHT.PA.COM
City WESTERVILLE	State OH	Zip Code 43082	FAX Number	
Full Name of Treasurer MICHAEL BOROWITZ				
Street Address 6737 COLLINGWOOD Dr		Telephone Number 614 898-7038		e-mail Address M BOROWITZ@INSIGHT.PA.COM
City WESTERVILLE	State OH	Zip Code 43082	FAX Number	
Full Name of Deputy Treasurer (if any)				
Street Address		Telephone Number		e-mail Address
City	State	Zip Code	FAX Number	
Candidate's Campaign Committees Only				
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan	
Street Address		Office Sought		Subdivision/District
City	State	Zip Code	Election Year	
Signature of Candidate			Date	
Political Action Committees Only				
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				
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	


Signature of Treasurer

10/28/11
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: _____