

Designation of Treasurer

Prescribed by Secretary of State 07/05

FILED

13 AUG -6 PM 1:18

FRANKLIN COUNTY
BOARD OF ELECTIONS

All Committees			
Full Name of Committee NATALIE MATT FOR SCHOOL BOARD			
Street Address 3990 MOLLAND	Telephone Number (614)327-2824	e-mail Address nataliecmatt@gmail.com	
City NEW ALBANY	State OH	Zip Code 43054	FAX Number
Full Name of Treasurer WILLIAM P. MATT, Sr.			
Street Address 3990 MOLLAND	Telephone Number (614)507-5523	e-mail Address wmatt@limitedbrands.com	
City NEW ALBANY	State OH	Zip Code 43054	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 NATALIE MATT		Party Affiliation/Independent/Non-Partisan NON-PARTISAN	
Street Address 3990 MOLLAND	Office Sought BOARD OF EDUCATION	Subdivision/District NEW ALBANY PLAIN LOCAL	
City NEW ALBANY	State OH	Zip Code 43054	Election Year 2013
Signature of Candidate <i>Natalie Matt</i>		Date 7/25/13	
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

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: _____