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

| All Committees. 15 JAN 21 PM-1-13  |  |                                   |                        |  |              |
|--|--|-----------------------------------|------------------------|--|--------------|
| Full Name of Committee  Citizens   |  |                                   |                        |  |              |
| Street Address   |  |                                   | Vumber                 | e-mail Address 30 33 (1)                   | OF ELECTIONS |
| 123 SERRAN DR.   |  | G/ <sup>4</sup>                   | 4 475 6442<br>Zip Code | TKNEC(QN)                                  | @ee.net      |
| GaHanna  |  | OH                                |                        | PAA NIIIIDEI                               |              |
| Full Name of Treasures  Timothy W. PACK  |  |                                   |                        |  |              |
| Street Address Telephone Number  |  |                                   |                        | e-mail Address                             | - 0 ::       |
| 1019 KIDGE CREST DR.   |  | 6/4-893-5302<br>State , Zip Code, |                        | - Epack 235@earth/ink.                     |              |
| GAHANNA  |  | 64 43230                          |                        |  |              |
| 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   |  |                                   | <del></del>            | Party Affiliation/Independent/Non-Partisan |              |
| Street Address   |  | Office Sought                     |                        | Subdivision/District                       |              |
| City   |  | State Zip Code                    |                        | Election Year                              |              |
|  |  |                                   | <u> </u>               |  |              |
| Signature of Candidate   |  |                                   |                        | Date                                       |              |
| Political Action Committees Only   |  |                                   |                        |  |              |
| is the PAC spousored by a labor If Yes, name the sponsor organization or corporation?  Acronym, if any   |  |                                   |                        |  |              |
| ŬNo □Yes.  |  |                                   | Date                   | List any affiliated PACs                   |              |
|  |  |                                   |                        |  |              |
| Political Parties, Political Contributing Entities,  |  |                                   |                        |  |              |
| or Legislative Campaign Funds Only Authorized Signature  |  |                                   | Date                   | Ballot Issue PAC?                          |              |
|  |  |                                   |                        | □ Y  | es 🗆 No      |
|  |  |                                   |                        |  |              |
| Signature of Treasure  |  |                                   |                        |  |              |
| Reason(s) for filing this form:  Griginal 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 fromto   |  |                                   |                        |  |              |
| Other, Please explain:   |  |                                   |                        |  |              |