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Designation of Treasurer Prescribed by Secretary of State 07/05



	Prescribed by Secretary of State 07/05		11 AUG 29 AM 11: 20	
All Committees			a to say	***************************************
Full Name of Committee Nixon For Trustee	· ·	N. seben	BOARD OF ELECTIONS	
5370 Edgeview Rd	G14-	506-2736	Nixon for Tru	stee@ydhoo
Columbus	State OH	43207	FAX Number	educity in
Michelle Snadaras				·
5370 Edgeview Pa	Telephone (-395-1469	Nixon for tr	rustee@yahoo
Columbus	State OH	13207	FAX Number 366 614-293-	4229
Full Name of Deputy Treasurer (if any)		<u></u>		
Street Address	Telephone	Number	e-mail Address	
City	State OH	Zip Code	FAX Number	
Candidate's Campaign Committee	s Only			
Full Name of Candidate Angela Marie Nixon			Party Affiliation/Independent/Non-Partisan Independent	
5370 Edgeview Rd	Office Sought Trustee		Subdivision/District, Hamilton	Township
Columbus	State OH	Zip Code 43207	Election Year	1
ignature of Candidate M Mūry			8/28/80[/	
Political Action Committees Only				
s the PAC sponsored by a labor If Yes, name the sponsor rganization or corporation? No Dives.				Acronym, if any
PAC Registration Number Authorized Signature		Date	List any affiliated PACs	
Political Parties, Political Contributing Ent or Legislative Campaign Funds Only	ities,	-1		
Authorized Signature	Date		Ballor Issue PAC? Yes No	
			10	5 L.: NO
a Muhilly Surfr			-28-11	
Signature of Treasurer		Date		
Reason(s) for filing this form: Original Designation of Treasurer/Acknowleds Change of Treasurer/Acknowledgement of App Designation or change of Deputy Treasurer Change of Address for	pointment	Appointment		
Change of Committee name. The previous name				
Change of Filing Location. The previous location				
The new location is	s:			
Change of Office Sought from		to		
Cother Please explain:				