

Designation of Treasurer

Prescribed by Secretary of State 07/05

FILED
11 JUN 20 PM 2:45
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FRANKLIN COUNTY
BOARD OF ELECTIONS

All Committees

Full Name of Committee

FRIENDS OF NICHOLAS AMICUCCI

Street Address Telephone Number e-mail Address

2835 LA ROSA DR 614 302 0879 MEDICMAN629@YAHOO.COM

City State Zip Code FAX Number

GROVE CITY OH 43123 NONE

Full Name of Treasurer

NICHOLAS ANTHONY AMICUCCI

Street Address Telephone Number e-mail Address

2835 LA ROSA DR 614 302 0879 MEDICMAN629@YAHOO.COM

City State Zip Code FAX Number

GROVE CITY OH 43123 NONE

Full Name of Deputy Treasurer (if any)

NONE

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

NICHOLAS ANTHONY AMICUCCI INDEPENDENT

Street Address Office Sought Subdivision/District

2835 LA ROSA DR GC CITY COUNCIL #2 GROVE CITY

City State Zip Code Election Year

GROVE CITY OH 43123 2011

Signature of Candidate Date

 28 JUN 11

Political Action Committees Only

Is the PAC sponsored by a labor organization or corporation? If Yes, name the sponsor Acronym, if any

☐ No ☐ Yes

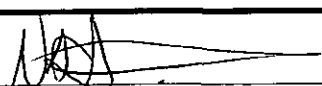
PAC Registration Number Authorized Signature Date List any affiliated PACs

Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only

Authorized Signature Date Ballot Issue PAC?

☐ Yes ☐ No

Signature of Treasurer Date

 28 JUN 11

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: _____