

Designation of Treasurer

Prescribed by Secretary of State 03/05

All Committees				
Full Name of Committee <i>Charles Coffman for Council</i>				
Street Address <i>107 S. Cleveland Ave</i>		Telephone Number <i>330-628-3626</i>		e-mail Address <i>flower-corner4@sbc.net</i>
City <i>Mogadore</i>	State <i>OH</i>	Zip Code <i>44260</i>	FAX Number	
Full Name of Treasurer <i>Charles Coffman</i>				
Street Address <i>Same as above</i>		Telephone Number		e-mail Address
City	State	Zip Code	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 <i>Charles Coffman</i>				Party Affiliation/Independent/Non-Partisan <i>Non</i>
Street Address <i>Same as above</i>		Office Sought <i>Council</i>		Subdivision/District <i>Mogadore</i>
City	State	Zip Code	Election Year <i>2009</i>	
Signature of Candidate <i>Charles Coffman</i>				Date <i>8-5-09</i>
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 or Legislative Campaign Funds Only				
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Charles Coffman _____ *8-5-09*
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: _____

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