

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee COMMITTEE TO ELECT NICOLE M. WELSH FOR WARD 5			
Street Address 54 LUDEN AVE	Telephone Number 330-688-0510	e-mail Address N/A	
City MUNROE FALLS	State OH	Zip Code 44262	FAX Number N/A
Full Name of Treasurer LAURA A CINGLE			
Street Address 54 LUDEN AVE	Telephone Number 330-688-0510	e-mail Address N/A	
City MUNROE FALLS	State OH	Zip Code 44262	FAX Number N/A
Full Name of Deputy Treasurer (if any) N/A			
Street Address N/A	Telephone Number	e-mail Address	
City N/A	State OH	Zip Code	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate NICOLE M WELSH			Party Affiliation/Independent/Non-Partisan NON-PARTISAN
Street Address 62 LUDEN AVE	Office Sought WARD 5 COUNCIL		Subdivision/District
City MUNROE FALLS	State OH	Zip Code 44262	Election Year 2009
Signature of Candidate <i>Nicole Welsh</i>			Date 7/13/09
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? If Yes, name the sponsor <input type="checkbox"/> No <input type="checkbox"/> Yes			Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only			Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Signature <i>Laura A Cingle</i>	Date 8-6-09		

Signature of Treasurer: *Laura A Cingle* Date: **8-6-09**

- 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: **0. 113 9. 113 17**
 - Change of Office Sought from _____ to _____
 - Other. Please explain: _____

#8856