

Designation of Treasurer

Prescribed by Secretary of State 07/05


All Committees

Full Name of Committee COMMITTEE TO ELECT TIM MILLER			
Street Address 218 CASTERON AVE	Telephone Number 330-620-6392	e-mail Address AKRONTIMO@GMAIL.COM J.TIMOTHY.MILLER@GMAIL.COM	
City AKRON	State OH	Zip Code 44303	FAX Number

Full Name of Treasurer TIM MILLER			
Street Address 218 CASTERON AVE	Telephone Number 330-620-6392	e-mail Address AKRONTIMO@GMAIL.COM J.TIMOTHY.MILLER@GMAIL.COM	
City AKRON	State OH	Zip Code 44303	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 JOHN T. MILLER			Party Affiliation/Independent/Non-Partisan
Street Address 218 CASTERON AVE	Office Sought AKRON SCHOOL BOARD	Subdivision/District	
City AKRON	State OH	Zip Code 44303	Election Year
Signature of Candidate 			Date

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, Political Contributing Entities, or Legislative Campaign Funds Only

Authorized Signature	Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Treasurer  Date 3-9-15

- 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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 BOARD OF HEALTH
 AKRON, OH 44303
 #9413 R2