

Designation of Treasurer

Prescribed by Secretary of State 07.05

All Committees			
Full Name of Committee FRIENDS OF DAN GABLE COMMITTEE			
Street Address 328 HILBISH AVE	Telephone Number (330) 733-9596	e-mail Address	
City AKRON	State OH	Zip Code 44312	FAX Number
Full Name of Treasurer JUDI GABLE			
Street Address 328 HILBISH AVE	Telephone Number (330) 733-9596	e-mail Address	
City AKRON	State OH	Zip Code 44312	FAX Number
Full Name of Deputy Treasurer (if any) DANNY L. GABLE			
Street Address 328 HILBISH AVE	Telephone Number (330) 733-9596	e-mail Address DLG@SPG.GLOBAL.NET	
City AKRON	State OH	Zip Code 44312	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate DAN L. GABLE		Party Affiliation/Independent/Non-Partisan DEM.	
Street Address 328 Hilbish AVE	Office Sought 6th WARD	Subdivision/District AKRON	
City AKRON	State OH	Zip Code 44312	Election Year 2015
Signature of Candidate <i>Dan Gable</i>		Date 6-23-15	
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	

SUMMIT COUNTY BOARD OF ELECTIONS AKRON, OHIO
 2015 JUN 23 AM 11:45

#9815 R

Judi Gable
Signature of Treasurer

6-23-15
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: _____