

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee <i>BOB SCHROCK FOR MOGADORE COUNCIL</i>			
Street Address <i>3836 ORCHARD ST</i>	Telephone Number <i>330-472-8456</i>	e-mail Address <i>r.schrock@att.net</i>	
City <i>MOGADORE</i>	State <i>OH</i>	Zip Code <i>44260</i>	FAX Number
Full Name of Treasurer <i>ROBERT SCHROCK</i>			
Street Address <i>3836 ORCHARD ST</i>	Telephone Number <i>330-472-8456</i>	e-mail Address <i>r.schrock@att.net</i>	
City <i>MOGADORE</i>	State <i>OH</i>	Zip Code <i>44260</i>	FAX Number
Full Name of Deputy Treasurer (if any) <i>AMY SCHROCK</i>			
Street Address <i>3836 ORCHARD ST</i>	Telephone Number <i>330-472-4226</i>	e-mail Address <i>r.schrock@att.net</i>	
City <i>MOGADORE</i>	State <i>OH</i>	Zip Code <i>44260</i>	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate <i>BOB SCHROCK</i>		Party Affiliation/Independent/Non-Partisan DEMOCRAT <i>NON</i>	
Street Address <i>3836 ORCHARD ST</i>	Office Sought <i>COUNCIL</i>	Subdivision/District <i>MOGADORE</i>	
City <i>MOGADORE</i>	State <i>OH</i>	Zip Code <i>44260</i>	Election Year <i>2015</i>
Signature of Candidate <i>[Signature]</i>		Date <i>8-3-15</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, Political Contributing Entities, or Legislative Campaign Funds Only			
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Treasurer *[Signature]*

Date *8-3-15*

- 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: _____

2015 AUG -4 PM 3:34
 SUMMIT COUNTY
 BOARD OF ELECTIONS
 AKRON, OHIO
 H100200

Local Candidate Finance Report Waiver

Due: Ten days after declaration of candidacy, nominating petition, or declaration of intent to be a write-in is filed.

The BOB SCHROCK FOR MORGANTOWN COUNCIL campaign committee established for the candidacy of
(Committee's name, if applicable)

BOB SCHROCK who is running for the office of COUNCIL,
(Candidate's name) (Office sought)

to appear on the ballot in the year 2015 states the office sought is:

(Choose one applicable option)

a municipal office that pays an annual amount of compensation of five thousand dollars or less;

a member of a board of education except member of the state board of education; or

township trustee or township clerk.

The undersigned attests that the campaign committee will not accept total aggregate contributions that exceed two thousand dollars from all contributors nor more than one hundred dollars from any single individual contributor and will not make total expenditures in excess of two thousand dollars during any election period. Therefore the committee is not required to file any campaign finance reports otherwise required to be filed by R.C. 3517.10(A).

If the committee exceeds these limits, the committee is responsible to report all contributions received and expenditures made from the time the candidate filed the candidacy petition on the next required finance statement to be filed under R.C. 3517.10(A).

This statement made under the penalty of election falsification. Whoever commits election falsification is guilty of a felony of the fifth degree.

ROBERT SCHROCK
Print Treasurer's or Deputy Treasurer's Name

[Signature]
Treasurer's or Deputy Treasurer's Signature

8-4-15
Date

2015 AUG -4 PM 3:34
SUNAMI COUNTY
BOARD OF ELECTIONS
AKRON, OHIO
H10020 R