

# Designation of Treasurer

Prescribed by Secretary of State 07/05

## All Committees

Full Name of Committee  
**THE COMMITTEE TO ELECT BILL GONCY MAYOR OF BOSTON HEIGHTS**

|   |   |  |
|---|---|--|
| Street Address<br><b>6546 OLDE EIGHT ROAD</b>         | Telephone Number<br><b>330-650-0267</b> | e-mail Address<br><b>bgoncy@roadrunner.com</b> |
| City<br><b>(PENINSULA MAILING)<br/>BOSTON HEIGHTS</b> | State<br><b>OH</b>                      | Zip Code<br><b>44264-9793</b>                  |
|   |   | FAX Number<br><b>—</b>                         |

Full Name of Treasurer  
**BILL GONCY**

|   |   |  |
|---|---|--|
| Street Address<br><b>6546 OLDE EIGHT ROAD</b>         | Telephone Number<br><b>330-650-0267</b> | e-mail Address<br><b>bgoncy@roadrunner.com</b> |
| City<br><b>(PENINSULA MAILING)<br/>BOSTON HEIGHTS</b> | State<br><b>OH</b>                      | Zip Code<br><b>44264-9793</b>                  |
|   |   | FAX Number<br><b>—</b>                         |

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  
**BILL GONCY**

Party Affiliation/Independent/Non-Partisan  
**NON-PARTISAN**

|   |                               |  |
|---|-------------------------------|--|
| Street Address<br><b>6546 OLDE EIGHT ROAD</b>         | Office Sought<br><b>MAYOR</b> | Subdivision/District<br><b>VILLAGE OF BOSTON HEIGHTS</b> |
| City<br><b>(PENINSULA MAILING)<br/>BOSTON HEIGHTS</b> | State<br><b>OH</b>            | Zip Code<br><b>44264-9793</b>                            |
|   |                               | Election Year<br><b>2015</b>                             |

Signature of Candidate  
*Bill Goncy*

Date  
**8-3-15**

## Political Action Committees Only

Is the PAC sponsored by a labor organization or corporation?  
 No  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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|------|---|

Signature of Treasurer *Bill Goncy* 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: \_\_\_\_\_

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