



Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee Elect Charlie Lemon			
Street Address 905 Sail Dr	Telephone Number 330-515-1762	e-mail Address alemon1228@gmail.com	
City AKron	State OH	Zip Code 44319	FAX Number
Full Name of Treasurer Amanda Lemon			
Street Address 905 Sail Dr	Telephone Number 330-515-1762	e-mail Address alemon1228@gmail.com	
City AKron	State OH	Zip Code 44319	FAX Number
Full Name of Deputy Treasurer (if any) Charlie Lemon			
Street Address 4000 Summit Rd	Telephone Number 330-835-8235	e-mail Address	
City Norton	State OH	Zip Code 44203	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate Charlie Lemon			Party Affiliation/Independent/Non-Partisan
Street Address 4000 Summit Rd	Office Sought Council	Subdivision/District Ward 2	
City Norton	State OH	Zip Code 44203	Election Year 2016
Signature of Candidate 			Date 9-30-15
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

Signature of Treasurer:  Date: 9-30-15

- 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 SEP 30 PM 2: 10
 BOARD OF ELECTIONS
 AKRON, OH 10

#10,121 AS