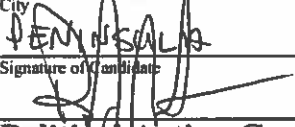
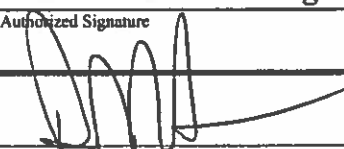


Designation of Treasurer

Prescribed by Secretary of State 03/05

| All Committees | | | |
|--|---|---|------------------------------|
| Full Name of Committee SUPPORTERS OF DOUG ANDERSON FOR COUNCIL | | | |
| Street Address 6017 SOUTH LOCUST ST | Telephone Number 330-657-2823 | e-mail Address mortten1@yahoo.com | |
| City PENINSULA OH | State OH | Zip Code 44264 | FAX Number — |
| Full Name of Treasurer WENNY ANDERSON | | | |
| Street Address 6017 SOUTH LOCUST ST | Telephone Number 330-657-2823 | e-mail Address wen6017@yahoo.com | |
| City PENINSULA | State OH | Zip Code 44264 | FAX Number — |
| Full Name of Deputy Treasurer (if any) DOUG ANDERSON | | | |
| Street Address 6017 SOUTH LOCUST ST | Telephone Number 330-657-2823 | e-mail Address mortten1@yahoo.com | |
| City PENINSULA | State OH | Zip Code 44264 | FAX Number — |
| Candidate's Campaign Committees Only | | | |
| Full Name of Candidate DOUGLAS J ANDERSON | | Party Affiliation/Independent/Non-Partisan NON | |
| Street Address 6017 S. LOCUST ST. | Office Sought PENINSULA COUNCIL | Subdivision/District | |
| City PENINSULA | State OH | Zip Code 44264 | Election Year 2015 |
| Signature of Candidate  | | Date 10-27-15 | |
| 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 or Legislative Campaign Funds Only | | | |
| Authorized Signature  | Date | Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature of Treasurer:  Date: **10-27-15**

- 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 OCT 27 AM 10:52
 BOARD OF ELECTIONS
 AKRON, OH 44303

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