
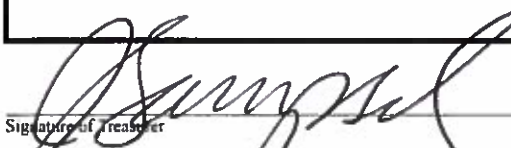


Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee FRIENDS OF KRISTEN M SCALISE			
Street Address 274 HARVEST DR	Telephone Number (330) 608-3222	e-mail Address JACKI.MCW@SBCGLOBAL.NET	
City AKRON	State OH	Zip Code 44333	FAX Number
Full Name of Treasurer JACQUELINE A SAMPSEL			
Street Address 274 HARVEST DR	Telephone Number (330) 608-3222	e-mail Address JACKI.MCW@SBCGLOBAL.NET	
City AKRON	State OH	Zip Code 44333	FAX Number
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 KRISTEN M SCALISE			Party Affiliation/Independent/Non-Partisan DEMOCRAT
Street Address 4042 GREENRIDGE DR	Office Sought FISCAL OFFICER	Subdivision/District SUMMIT COUNTY	
City UNIONTOWN	State OH	Zip Code 44685	Election Year 2016
Signature of Candidate 			Date 12/19/2016
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: **12/19/16**

2016 DEC 19 PM 2:09
 BOARD OF ELECTIONS
 AKRON, OHIO

447 Ave

- 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: _____