

Designation of Treasurer

Prescribed by Secretary of State 03/05

All Committees			
Full Name of Committee			
X <i>MARKO HICKIN</i>	Telephone Number	e-mail Address	
<i>5090 TRICIA AVE LANE</i>	<i>234-380-4040</i>	<i>m.hickin@swtransportation.com</i>	
City	State	Zip Code	FAX Number
<i>STON</i>	<i>OH</i>	<i>44224</i>	<i>330-375-0907</i>
Full Name of Treasurer			
X <i>Rachel Leigh Hickin</i>			
Street Address	Telephone Number	e-mail Address	
<i>5090 TRICIA AVE LANE</i>	<i>234-380-4040</i>		
City	State	Zip Code	FAX Number
<i>STON</i>	<i>OH</i>	<i>44224</i>	
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			Party Affiliation/Independent/Non-Partisan
Street Address			Office Sought
City			Subdivision/District
State			Election Year
Zip Code			Date
Signature of Candidate			
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

Rachel Hickin
Signature of Treasurer

6/8/09
Date

- 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: _____

SS4 RM

2009 JUN -9 PM 10:01