

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee <i>Summit DD Community Partnership</i>			
Street Address <i>2355 Second St</i>	Telephone Number		e-mail Address
City <i>Cuyahoga Falls,</i>	State <i>OH</i>	Zip Code <i>44221</i>	FAX Number
Full Name of Treasurer <i>✕ (Mailing Address) ✕</i>			
Street Address <i>PO Box 156</i>	Telephone Number		e-mail Address
City <i>Munroe Falls</i>	State <i>OH</i>	Zip Code <i>44262</i>	FAX Number
Full Name of Deputy Treasurer (if any)			
Street Address	Telephone Number		e-mail Address
City	State <i>OH</i>	Zip Code	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan
Street Address	Office Sought		Subdivision/District
City	State <i>OH</i>	Zip Code	Election Year
Signature of Candidate			Date
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: *Mica Papa* Date: *5/5/17*

BOARD OF SECRETARIES
 AKRON, OHIO
 2017 MAY 10 AM 10:33

987 JB

- 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 *Summit DD Community Partnership*
 - 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: _____