
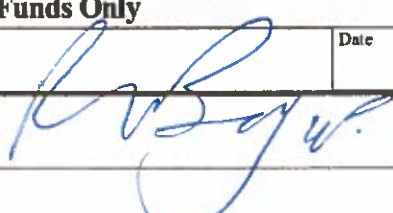


Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee VOTE JUDGE MICHAEL COMMITTEE			
Street Address 720 WOLF LEDGES STE 207	Telephone Number (330) 253-2111	e-mail Address	
City AKRON	State OH	Zip Code 44311	FAX Number
Full Name of Treasurer ROBERT C BOYCE			
Street Address 720 WOLF LEDGES STE 207	Telephone Number (832) 250-0155	e-mail Address rcboyce@earthlink.net	
City AKRON	State OH	Zip Code 44311 44311	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 KATHRYN MICHAEL			Party Affiliation/Independent/Non-Partisan NON-PARTISAN
Street Address 3363 STANLEY RD 720 WOLF LEDGES STE 207		Office Sought MUNICIPAL COURT JUDGE	Subdivision/District AKRON
City AKRON FAIRLAWN	State OH	Zip Code 44311 44333	Election Year 2017
Signature of Candidate 			Date 06/20/2017
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 6/20/17	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Treasurer

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: _____

2017 JUN 20 PM 2:53

AKRON 0110

#699