

Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees					
Full Name of Committee <i>Committee to Elect CHRIS INKS</i>					
Street Address <i>3925 Holiday Dr</i>		Telephone Number <i>330-414-7443</i>		e-mail Address <i>CHRIS INKS @ GMAIL.COM</i>	
City <i>Norton</i>		State <i>OH</i>	Zip Code <i>44203</i>	FAX Number —	
Full Name of Treasurer <i>Christopher S INKS</i>					
Street Address <i>3925 Holiday Dr</i>		Telephone Number <i>330-414-7443</i>		e-mail Address <i>CHRIS INKS @ GMAIL.COM</i>	
City <i>Norton</i>		State <i>OH</i>	Zip Code <i>44203</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 <i>Christopher S INKS</i>				Party Affiliation/Independent/Non-Partisan	
Street Address <i>3925 Holiday Dr</i>		Office Sought <i>Board of Education</i>		Subdivision/District <i>Norton</i>	
City <i>Norton</i>		State <i>OH</i>	Zip Code <i>44203</i>	Election Year <i>2017</i>	
Signature of Candidate <i>[Signature]</i>				Date <i>8-7-17</i>	
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: *[Signature]* Date: *8-7-17*

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 AUG -7 AM 11:18

AKRON, OH 44302

#1247 BAR

Local Candidate Finance Report Waiver

Prescribed by Secretary of State 1/98

Due: Ten days after declaration of candidacy, nominating petition, or declaration of intent to be a write-in is filed.

The Committee to Elect CHRIS INKS campaign committee established for the candidacy of
(Committee's name, if applicable)

Christopher S INKS who is running for the office of NDMN Board of Education
(Candidate's name) (Office sought)

to appear on the ballot in the year 2017 states the office sought is:

(Choose one applicable option)

a municipal office that pays an annual amount of compensation of five thousand dollars or less;

a member of a board of education except member of the state board of education; or

township trustee or township clerk.

The undersigned attests that the campaign committee will not accept total aggregate contributions that exceed two thousand dollars from all contributors nor more than one hundred dollars from any single individual contributor and will not make total expenditures in excess of two thousand dollars during any election period. Therefore the committee is not required to file any campaign finance reports otherwise required to be filed by R.C. 3517.10(A).

If the committee exceeds these limits, the committee is responsible to report all contributions received and expenditures made from the time the candidate filed the candidacy petition on the next required finance statement to be filed under R.C. 3517.10(A).

This statement made under the penalty of election falsification. Whoever commits election falsification is guilty of a felony of the fifth degree.

Christopher S INKS
Print Treasurer's or Deputy Treasurer's Name

[Signature]
Treasurer's or Deputy Treasurer's Signature

8-7-17
Date

2017 JUNE - 7 AM 11:48
1247 BFB