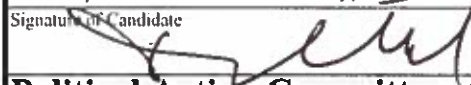



Designation of Treasurer

Prescribed by Secretary of State 07/05

All Committees			
Full Name of Committee NICHOLS FOR VILLAGE COUNCIL			
Street Address 3093 Athens Rd.	Telephone Number 216-214-7312	e-mail Address russell_35@ICLOUD.COM	
City SILVER LAKE	State OH	Zip Code 44224	FAX Number
Full Name of Treasurer TIMOTHY L. NICHOLS			
Street Address 3093 Athens Rd.	Telephone Number 216-214-7312	e-mail Address russell_35@ICLOUD.COM	
City SILVER LAKE	State OH	Zip Code 44224	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 TIMOTHY L. NICHOLS		Party Affiliation/Independent/Non-Partisan NON-PARTISAN	
Street Address 3093 Athens Rd.	Office Sought COUNCIL MEMBER	Subdivision/District C	
City SILVER LAKE	State OH	Zip Code 44224	Election Year 2017
Signature of Candidate 		Date 9-14-17	
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 9-14-17	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> N

2017 SEP 14 PM 2:23
ACRONYM, DISTRICT

#1350 DT

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: _____