



#3002 Ave
SUMMIT COUNTY
BOARD OF ELECTIONS
AKRON OHIO 44311

Designation of Treasurer

Form 30-D
ORC 3517.10

2019 FEB 19 AM 10:09

TYPE OF FILING: **NEW** **UPDATE**

COMMITTEE TYPE: **Candidate** **PAC** **PCE** **Political Party** **Legislative Campaign Fund**

If update, please check the appropriate reason(s):

Change of Committee Name. Prior Name was: _____

Change of Filing Location. Prior Location was: _____ New Location is: _____

Change of Office Sought. Previous Office Sought: _____ New Office Sought: _____

Change of Treasurer Info **Designation or Change of Deputy Treasurer Info**

Change of address/phone/email for: **Committee** **Treasurer** **Deputy Treasurer** **Candidate**

Other Please Explain: _____

All Committees

Full Name of Committee: **CITIZENS FOR GOOD GOVERNMENT** PAC # (if Updated): _____

Street Address: **603 SANFORD AVE** City: **AKRON** State: **OH** Zip: **44305**

Telephone: **330-256-9679** Email: **KDAVISMKAY@GMAIL.COM**

Treasurer: **KIM DAVIS SAME** Telephone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Deputy Treasurer (if any): _____ Telephone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Candidate Committees Only

Full Name of Candidate: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Office Sought: _____ Subdivision/District: _____ Party Affiliation/Independent/Non-Partisan: _____ Election Year: _____

Political Action Committees Only

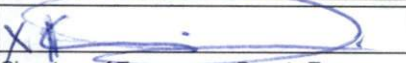
PAC is sponsored by:
 Labor Organization
 Corporation
 Not Sponsored

If Sponsored, Name the Sponsor: _____ Acronym Used (if any): _____

If Ballot Issue PAC, list issue: _____

Is this a Ballot Issue PAC:
 Yes **No**

PACs and PCEs Only List any Affiliated PACs/PCEs: _____

 **02/19/19** _____ _____

Signature of Treasurer or Deputy Treasurer Date (MM/DD/YYYY) Signature of Candidate if Candidate Committee Date (MM/DD/YYYY)