

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
10 APR 21 PM 5:05

Full Name of Committee Committee to Elect Ronald Plymale Judge		Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS	
Full Name of Candidate Ronald E. Plymale			
Street Address 111 West Rich Street, Suite 600		Office Sought Common Pleas Court Judge	District
City Columbus		State OH	Zip Code 43215
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election 0 ^M 5 0 ^D 4 1 ^Y 0	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$5,175.00
3. Total other income (From Form No. 31-A-2)	\$	\$1,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$6,675.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,328.20
6. Balance on hand (line 4 minus line 5)	\$	\$4,346.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$1,500.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$.
12. Value of independent expenditures made (From Form No. 31-U)	\$.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Deborah Sue Roberts

Deborah Sue Roberts

04/21/2010

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 1

Expenditure pages 1

Other pages 7

Total pages 9

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Ronald Plymale Judge										
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC			
Street Address 111 West Rich Street, Suite 600				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43215		M 0	D 4	Y 0	Amount \$4,675.00	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Committee to Elect Ronald Plymale Judge				Registration Number, if PAC			
Full Name of Contributor Rhonda Nein				Registration Number, if PAC			
Street Address 2291 Scioto Harper Drive		Employer/Occupation/Labor Organization* Nein Law Office/Lawyer		M	D	Y	Amount
				0	4	0810	\$250.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert W Kersack				Registration Number, if PAC			
Street Address 655 Metro Place South, Sutie 255		Employer/Occupation/Labor Organization* Robert W Kersack Co., LPA/Lawyer		M	D	Y	Amount
				0	4	0810	\$100.00
City Columbus		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Scott Elliot Smith				Registration Number, if PAC			
Street Address 6235 Enterprise Court		Employer/Occupation/Labor Organization* Scott Elliot Smith LPA/Lawyer		M	D	Y	Amount
				0	4	0810	\$150.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul O. Scott				Registration Number, if PAC			
Street Address 300 W. Spring St, Unit 1001		Employer/Occupation/Labor Organization* Paul O. Scott, LPA/Lawyer		M	D	Y	Amount
				0	4	0810	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Joseph A. Kelly				Registration Number, if PAC			
Street Address 118 E. Main Street		Employer/Occupation/Labor Organization* Kelly Law Office, L.L.C/Lawyer		M	D	Y	Amount
				0	4	0820	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Carey Moomey				Registration Number, if PAC			
Street Address 13185 U.S. 62		Employer/Occupation/Labor Organization* N/A		M	D	Y	Amount
				0	4	0810	\$250.00
City Orient		State OH	Zip Code 43146	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Penny Jo Zupp				Registration Number, if PAC			
Street Address 7341 Columbus Road, S.W.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	0810	\$50.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ \$1,300.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Committee to Elect Ronald Plymale Judge						
Full Name of Contributor				Registration Number, if PAC		
James M Jewett						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2577 N. High Street	James M Jewett Lawyer		0	4	0810	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43202	Check			
Full Name of Contributor				Registration Number, if PAC		
John K. Fitch						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
41 Stanbery Ave	John K. Fitch/Lawyer		0	4	0810	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Bexley	OH	43209	Check			
Full Name of Contributor				Registration Number, if PAC		
Ron DeAngelo						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5576 Brassie Circle	Ron DeAngelo/Lawyer		0	4	0810	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Westerville	OH	43081	Cash			
Full Name of Contributor				Registration Number, if PAC		
Scott w. Schiff						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
115 W. Main Street	Scott w. Schiff & Assoc./L ⁺		0	4	1310	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Dianne Kiener						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
846 Summit Street	Self/Domestic Engineer		0	3	2210	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Gerald T. Sunbury						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
111 West Rich Street, Suite 600	Gerald T. Sunbury/Lawyer		0	4	0510	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Mark Granger						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
132 Northwoods Blvd	Granger Co LPA/Lawyer		0	3	3010	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43235	Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ \$1,250.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Committee to Elect Ronald Plymale Judge					
Full Name of Contributor Edwin L. Malek				Registration Number, if PAC	
Street Address 1227 S. High St.		Employer/Occupation/Labor Organization* Edwin L. Malek/Lawyer		M D Y 0 4 0 6 1 0	Amount \$500.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Howard Morgan				Registration Number, if PAC	
Street Address 906 E. Broad Street		Employer/Occupation/Labor Organization* Morgan & Justice Co LPA/Lawyer		M D Y 0 4 0 7 1 0	Amount \$250.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy A. Dreyer				Registration Number, if PAC	
Street Address 3880 Riverview Drive		Employer/Occupation/Labor Organization* S/E/Realtor		M D Y 0 4 0 2 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Braithwaite				Registration Number, if PAC	
Street Address 211 E. Como Ave		Employer/Occupation/Labor Organization* Cols St./Printer		M D Y 0 4 0 2 1 0	Amount \$150.00
City Columbus		State OH	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian J. McNamara				Registration Number, if PAC	
Street Address 87 Kimothy Dr.		Employer/Occupation/Labor Organization* Brian J. McNamara CPA		M D Y 0 3 2 9 1 0	Amount \$100.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon E. Airhart				Registration Number, if PAC	
Street Address 587 Glenridge Pl.		Employer/Occupation/Labor Organization* Retired		M D Y 0 3 2 7 1 0	Amount \$250.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis k. Davidson				Registration Number, if PAC	
Street Address 10502 Cardingan Ridge Pl.		Employer/Occupation/Labor Organization* Forner Rubber/President		M D Y 0 4 0 1 1 0	Amount \$250.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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	Page Total \$ \$1,600.00
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Committee to Elect Ronald Plymale Judge					
Full Name of Contributor William S. Friedman				Registration Number, if PAC	
Street Address 76 Ashbourne Road		Employer/Occupation/Labor Organization* W.S. Friedman CPA/Accr		M D Y 0 3 3 1 1 0	Amount \$100.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey A. brown				Registration Number, if PAC	
Street Address 580 s. High Street		Employer/Occupation/Labor Organization* Crabbe Brown & James LPA/Lawyer		M D Y 0 4 0 5 1 0	Amount \$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor James E. Metz				Registration Number, if PAC	
Street Address 1271 E. Broad Street		Employer/Occupation/Labor Organization* J.E.Metz, DDS, Inc/Dentist		M D Y 0 3 3 1 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen D. Plymale				Registration Number, if PAC	
Street Address 155 W. Main Street		Employer/Occupation/Labor Organization* OAG office/Attorney		M D Y 0 4 0 2 1 0	Amount \$575.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$5,175.00

Total expenditures this event.

\$1,078.20

Page Total \$ **\$1,025.00**

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge						Registration Number, if PAC	
Full Name Loan Received from Form 31c						Registration Number, if PAC	
Address 111 W. Rich Street, Suite 600		Type* LN		M	D	Y	Amount \$1,500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name						Registration Number, if PAC	
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

1,500.00
Page Total \$ _____

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Ronald Plymale Judge													
From Whom Received Ronald Plymale										Prior Amount \$0.00		Amt. Incurred this Period \$1,500.00	
Address 231 Thurman Avenue												Outstanding Balance \$1,500.00	
City Columbus		St ate OH		Zip Code 43206		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		0 3		0 4		1 0		\$1,000.00					
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization* Plymale & Dingus						M	D	Y		M	D	Y	
From Whom Received Ronald Plymale										Prior Amount		Amt. Incurred this Period	
Address 231 Thurman Avenue												Outstanding Balance	
City Columbus		St ate OH		Zip Code 43206		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		0 3		2 0		1 0		\$500.00					
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization* Plymale & Dingus						M	D	Y		M	D	Y	
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code		Loans Received This Period				Payments This Period			
		OH				Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ \$0.00
- 2 Total received this period \$ \$1,500.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$1,500.00 (To Form No. 30-A)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Committee to Elect Ronald Plymale Judge												
To Whom Paid						M	D	Y	Amount			
Expenditures from For 31-f						0	4	0	8	1	0	\$1,078.20
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid						M	D	Y	Amount			
MKB Consultants, L.L.C.						0	2	0	1	1	0	\$1,250.00
Address				Purpose								
3244 West Henderson Road, Suite 2				General Campaign Consultants								
City		State	Zip Code	Check Number								
Columbus		OH	43220	001001								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
		OH										

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Ronald Plymale Judge												
To Whom Paid Michelle McKinney						M	D	Y	Amount			
						0	4	0	8	1	0	\$165.00
Address 111 W. Rich Street, Suite 600				Purpose Refreshments and Food								
City Columbus		State OH	Zip Code 43215		Check Number 1031							
To Whom Paid Janet L Hannaway						M	D	Y	Amount			
						0	3	2	5	1	0	\$476.45
Address 140 East Town Street #1100				Purpose Postage/Envelopes/Lables								
City Columbus		State OH	Zip Code 43215		Check Number 1002							
To Whom Paid Central Ohio Association for Justice						M	D	Y	Amount			
						0	3	0	5	1	0	\$25.00
Address 37 W. Broad Street, Suite 480				Purpose								
City Columbus		State OH	Zip Code 43215		Check Number 1001							
To Whom Paid Johnny Howard						M	D	Y	Amount			
						0	3	1	8	1	0	\$411.75
Address 9600 Fireside Drive				Purpose Contributor/Volunteer envelopes printed								
City Glen Allen		State VA	Zip Code 23060		Check Number 1003							
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
		OH										
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code		Check Number							
		OH										

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$1,078.20
Page Total \$ _____


Designation of Treasurer

Prescribed by Secretary of State 07/05

FILED

10 APR 21 PM 5:06

FRANKLIN COUNTY
BOARD OF ELECTIONS

All Committees			
Full Name of Committee Committee to Elect Ronald Plymale Judge			
Street Address 111 West Rich Street, Suite 600	Telephone Number (614) 542-0220		e-mail Address ron@ronplymaleforjudge.com
City Columbus	State OH	Zip Code 43215	FAX Number (614) 542-0230
Full Name of Treasurer Deborah Sue Roberts			
Street Address 111 West Rich Street, Suite 600	Telephone Number (614) 542-0220		e-mail Address ron@ronplymaleforjudge.com
City Columbus	State OH	Zip Code 43215	FAX Number (614) 542-0230
Full Name of Deputy Treasurer (if any) N/A			
Street Address	Telephone Number		e-mail Address
City	State	Zip Code	FAX Number
Candidate's Campaign Committees Only			
Full Name of Candidate Ronald E. Plymale			Party Affiliation/Independent/Non-Partisan Democratic
Street Address 111 West Rich Street, Suite 600	Office Sought Common Pleas Court Judge		Subdivision/District
City Columbus	State OH	Zip Code 43215	Election Year 2010
Signature of Candidate 			Date 4-19-10
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

4-20-2010
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: _____