

Designation of Treasurer

Prescribed by Secretary of State 02/01

| All Committees | | | |
|--|-------------------------|--|--------------------------|
| Full Name of Committee CONCERNED CITIZENS FOR THE FAIR TREATMENT OF STRAY ANIMALS | | | |
| Street Address | Telephone Number | E-Mail Address | |
| City N. CANTON | State OH | Zip Code 44720 | FAX Number |
| Full Name of Treasurer KIMBERLY JOY CURNAN | | | |
| Street Address | Telephone Number | E-Mail Address | |
| City N. CANTON | State OH | Zip Code 44720 | FAX Number |
| Full Name of Deputy Treasurer | | | |
| Street Address | Telephone Number | E-Mail Address | |
| City | State | Zip Code | FAX Number |
| Full Name of Candidate | | | |
| Street Address | Office Sought | Party Affiliation/Independent/Non-Partisan | |
| City | State | Zip Code | Subdivision/District |
| Signature of Candidate | | Date | Election Year |
| 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 |
| Authorized Signature Kimberly J Curnan | Date 10-15-01 | Ballot Issue PAC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Reason(s) for filing this form:

- Original Designation of Treasurer/Acknowledgement of Appointment
- Designation of new 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: _____

RECEIVED
 PAGE COUNTY
 10/17/01