

## Establishment of Transition Fund and Designation of Transition Fund Treasurer

Prescribed by Secretary of State 7/10

<b>Transition Funds Only</b>			
Full Name of Officeholder for Whom Transition Fund is Established		Office to which Officeholder Elected or Appointed	
Street Address	Date of Election or Appointment	Municipality / Subdivision / District	
City	State	Zip Code	County or Counties in Which Office is Located *
Full Name of Treasurer of Transition Fund			
Street Address	Telephone Number	E-Mail Address	
City	State	Zip Code	FAX Number
Signature of <b>Officeholder</b>			Date
Signature of <b>Treasurer of Transition Fund</b>			Date

\* If a statewide office, please insert "ALL"

Is this an amended filing?       NO       YES

If YES, reason for amendment: \_\_\_\_\_

This form is used to establish a transition fund and designate its treasurer pursuant to R.C. § 3517.1014. A transition fund is separate and distinct from any campaign committee a candidate or officeholder may have in operation. Additionally, a transition fund is limited in its purpose, operation and the term of its existence.