

Designation of Treasurer

Form 30-D

ORC 3517.10

		-80 MH:00		
TYPE OF FILING: Y NEW	UPDATE			
COMMITTEE TYPE: Ca	ndidate 🔲 PAC	PCE Polit	ical Party 🔲 Legis	slative Campaign Fund
If update, please check the a	ppropriate 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		<u> </u>	Candidate
Other Please Explain:	odd A. Backstor	re Hamilton	TWY TRUSSE	
Full Name of Committee	2 Hamilton TUP	TUSSTS E		PAC # (if Updated)
Street Address 1779 BMy Rd		City	PNE State Zip	43137
Telephone 795-367	7	Email 1 A BLAC	kstone @ 10	L. COM
Treasurer Toold A. Blackston	ne	Telephone (014-795-36)	Email THISLAC	Istone @ Aplice
Street Address 1779 BIX by Rel		Carbonen		43137
Deputy Treasurer (if any)	A	Telephone	Email	
Street Address	/ (City	State Zi	р
	stone		Email HACKS TOY	ne @ AOL. COM
Street Address 1779 Buby 21		Locabora	State Zi	43137
Office Sought TWP TRUSTES	Subdivision/Distric	TUP	Party Affiliation/Independen	nt/Non-Partisan Election Year 201 7
	Sponsored, Name the Sponsor		Acro	nym Used (if any)
Labor Organization Corporation	Pollot Issue PAC list issue			
O Not Sponsored	Ballot Issue PAC, list issue			
Is this a Ballot Issue PAC Yes No	List any Af	filiated PACs/PCEs		
]		
ignature of Treasurer or Deputy Trea	surer Date (MM/DD/YYYY)	Signature of Candida	ate if Candidate Committee	Date (MM/DD/YYYY)