

Designation of Treasurer

Form 30-D

	77.5		ORC 3517.10
TYPE OF FILING: NEW UPDATE			
COMMITTEE TYPE: Candidate PAC	PCE Polit	tical Party 🔲 Leg	islative Campaign Fund
f 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 Change of address/phone/email for: Other Please Explain: Designation or Change Committee	ge of Deputy Treasurer Info Treasurer	Deputy Treasurer) Candidate
Full Name of Committee Maclism For Blylo Street Address	ey City Cou	ncil	PAC # (if Updated)
Street Address 954 Pleasant Ridge P	plud Bexle	State .	43209
Telephone 614 783 0271	Email .	m 6 madisan	1605an.com
Treasurer Kristin F. Rosan	Telephone 4142285	GCO Kroso	an(a madisini osa
Street Address 196. Wither St	Columb	State Cit 1	^{Zip} 43206
Deputy Treasurer (if any)	Telephone	Email	
Street Address	City	State	Zip
Candidate Committees Only Full Name of Candidate	en e	Email	1100/100016000
Timothy G. Madison Street Address 954 Pleasant Riciae Blu	cd Bexle	State	Madiseniosan.co ^{Zip} 43209
Office Sought (14) (MNCI - BEXITY Office Sought	trict /	Party Affiliation/Independ	1016
Political Action Committees Only	and the second		1000 C
PAC is sponsored by: () Labor Organization If Sponsored, Name the Sponsor		A	cronym Used (if any)
Corporation If Ballot Issue PAC, list issue			
O Not Sponsored			
Is this a Ballot Issue PAC Yes No PACs and PCEs Only List any	Affiliated PACs/PCEs		
Signature of Treasurer or Deputy Treasurer Date (MM/DD/YYYY)		late if Candidate Committee	Date (MM/DD/YYY)