Designation of Treasurer Prescribed by Secretary of State 07/05

2017 AUS 14 AH 8: 25

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Full Name of Committee Friends of Monique Lampke						
Street Address 2447 Plymouth Avenue		Telephone Number 614-226-9748		lampke_m@yahoo.com		
^{City} Bexley		State OH	Zip Code 43209	FAX Number	Number	
Full Name of Treasurer Matthew D. Sexton						
Street Address 920 Euclaire Avenue		Telephone Number 614-596-2399		e-mail Address 2msexton@gmail.com		
^{City} Bexley		State OH	^{Zip, Code} 43209	FAX Number		
Full Name of Deputy Treasurer (if any)						
Street Address		Telephone Number		e-mail Address		
City		State OH	Zip Code	FAX Number		
Candidate's Campaign Committees Only						
Full Name of Candidate Monique B. Lampke				Party Affiliation/Independent/Non-Partisan NON-partisan		
^{Street} Address 2447 Plymouth Avenue		Office Soug	y City Council	Subdivision/District City of Bexley		
^{City} Bexley		State OH	^{Zip Code} 43209	Election Year 20 17		
Signature of Candidate My B L M				P-14-17		
Political Action Committees Only						
Is the PAC sponsored by a labor organization or corporation? Acronym, if any organization or corporation?						
No Yes. AC 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?	O	
O Yes O No						
Matth Sest 8/10/17 Signature of Treasurer 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 fromto						
Other. Please exp	lain:					