

Designation of Treasurer Prescribed by Secretary of State 07/05 2817 AUG 14 PM 1: 20

Full Name of Committee			06.40a	OF FLECTIONS
Street Address	Telephone N		1 - 9 3 11	
421 Dak Village Drive	1	620-0209	committee to elect Amber Gall	
City	State	Zip Code	FAX Number	
Full Name of Treasurer	ОН	43207	<u> </u>	
Amber Cayley Mi	chelle	e clark		
Street Address	Telephone N	Number	e-mail Address mrsclorkfnhsw	
City 421 Oak Village Orive	State	7-620-0269	FAX Number	
Columbus	ОН	43207		
Full Name of Deputy Treasurer (if any)	``			* - *
Street Address Street Address	Telephone N	lumber	e-mail Address	
180 woodsview Dr	(014	-420-0269	e man Address	
City ,	State	Zip Code	FAX Number	
Canal Winchester	ОН	43207	<u> </u>	
Candidate's Campaign Committees		·	Party Affiliation/Indonendant/Ni	on Dartings
Amber Coyley Michelle Clark			Party Affiliation/Independent/Non-Partisan NOW - Partison	
Street Address		ht	Subdivision/District	
421 Dax Village Drive		of Education	Ham Itton Loc	al
Columbus	State OH	43207	Election Year 2017	
Signature of Candidate Q Q , M			Date 8/10/17	
Political Action Committees Only			0110114	
Is the PAC sponsored by a labor If Yes, name the sponsor				Acronym, if any
organization or corporation? The Tyes.				
PAC Registration Number Authorized Signature		Date	List any affiliated PACs	
Political Parties, Political Contributing Entit	ties.			
or Legislative Campaign Funds Only	,			
Authorized Signature		Date	Ballot Issue PAC?	□No
L			Yes	L. INO
Shul Clark		8/10	117	
Signature of Treasurer		Date	/_', 	
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Change of Treasurer/Acknowledgement of Apple	ement of A	appointment		
Designation or change of Deputy Treasurer Change of Address for				
Change of Committee name. The previous name	e was:			
Change of Filing Location. The previous location	n was:			
The new location is:				
Change of Office Sought from				
Other. Please explain:				