Designation of Treasurer Prescribed by Secretary of State 07/05

All Combullacs	74 A. C.	2	oc e, mt ut all all all all		
Full Name of Committee Committee to Elect Jim Rope	r		rived an leaff		
Street Address	Telephone 1	Number	e-mail Address		
10429 Cambridge Place	1 .	95-8734	rmyers2450@aol.com		
City	State	Zip Code	FAX Number	·	
Powell	ОН	43065			
Full Name of Treasurer Robert E. Myers					
Street Address	Telephone !	Number	e-mail Address		
10429 Cambridge Place		595-8734	rmyers2450@aol.com		
City Powell	State OH	Zip Code 43065	FAX Number		
Full Name of Deputy Treasurer (if any)	 				
Street Address		Number	e-mail Address		
City	State OH	Zip Code	FAX Number	· · · · · · · · · · · · · · · · · · ·	
Candidate's Campaign Co		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Full Name of Candidate			Party Affiliation/Independent/Non-Pa	rtisan	
James M. Roper			Non-Partisan		
Street Address	Office Soug		Subdivision/District		
1183 Circle on the Green		hip Trustee		Perry Township	
Columbus	State OH	Zip Code 43235	Election Year 2017		
Signature of Candidat			Date 8/10/2017		
Political Action Committe	es Only		9 10 10-11		
Is the PAC sponsored by a labor If Yes, name the sponsorganization or corporation?			Acro	onym, if any	
□No □Yes.	orized Signature Date				
PAC Registration Number Authorized Signature	Authorized Signature		List any affiliated PACs		
Political Parties, Political Contri	buting Entities,	<u></u>			
or Legislative Campaign Funds	•				
Authorized Signature		Date	Ballot Issue PAC? Yes	□ No	
11112011		<u> </u>			
- MART ZIM			8/10/2017		
Signature of Treasurer			Date		
Reason(s) for filing this form: Original Designation of Treasurer Change of Treasurer/Acknowledge Designation or change of Deputy Change of Address for	ement of Appointment Treasurer				
Change of Committee name. The	previous name was: _				
Change of Filing Location. The pr	evious location was:				
The ne	w location is:				
Change of Office Sought from					
Other. Please explain:					