

## **Designation of Treasurer**

Form 30-D

ORC 3517.10

		2019 APR 25 PM	Manager of the Control of the Contro		ORC 3517.1
TYPE OF FILING: NEW	UPDATE	FRANK NAME			
COMMITTEE TYPE: 🏻 Cand	lidate		Political Party	Legi	islative Campaign Fund
If update, please check the app	ropriate 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: State Representative				
Change of Treasurer Info	Designation or Chanç	ge of Deputy Treasurer	nfo		
Change of address/phone/email for:	Committee	Treasurer	O Deputy Treasur	er 🔘	Candidate
Other Please Explain:					,
Allogramia					
Full Name of Committee	$\sim$ $\sim$				PAC # (if Updated)
	or Doug	Smith		121-	
Street Address /69 E Nos	th 5,0	City	hington	State 2	4308 <b>5</b>
Telephone / 6 / C /VO 3	110 34	Email	1,29 100		<u> </u>
Treasurer Smith	1	Telephone	E	Email	
Street Address 2949 Neidhart A	21	City	1	State 2	Zip 43302
Deputy Treasurer (if any)		Telephone	E	Email	
Street Address		City	<u>,</u>	State	Zip
Carellos Somethics		City of the second			
Full Name of Candidate	- Dows Sm	.44	Email		
Street Address		City		State	zip 43085
169 E North	h St	Worth	hington	OH	43002
Office Sought  State Represent	Subdivision/Dist	trict	Party Affiliati	on/Independe	ent/Non-Partisan Election Yea
State Represent	ative 21				
PAC is sponsored by:  Cabor Organization	ponsored, Name the Sponsor			Ac	ronym Used (if any)
Corporation If Ballot Issue PAC, list issue					
O Not Sponsored	·				
Is this a Ballot Issue PAC	List any	Affiliated PACs/PCEs			
O Yes ○ No				<del></del>	
MANT	2/1/18				
Signature of Treasurer or Deputy Treasu	Signature of C	Signature of Candidate if Candidate Committee Date (MM/DD/YYYY)			