Designation of Treasurer Prescribed by Secretary of State 07/05

All Committees		28.	2016 100 St. 101 3648
Full Name of Committee		<u> </u>	FRAME IN COUNTY
ONE COLUMBUS Street Address	12.		
545 E. Town Street	(614) 263-7000		e-mail Address dmctigue@electionlawgroup.com
City Columbus	State OH	Zip Code 43215	FAX Number (614) 263-7078
Full Name of Treasurer	<u>'</u>		
Donald J. McTigue			
Street Address 545 E. Town Street	Telephone Number (614) 263-7000		e-mail Address
City City			dmctigue@electionlawgroup.com
Columbus	OH	Zip Code 43215	FAX Number
Full Name of Deputy Treasurer (if any)	<u></u>		<u> </u>
Street Address	Telephone	Number	e-mail Address
City	State	Zip Code	FAVN
	OH	Zip Code	FAX Number
Candidate's Campaign Committ	ees Only	1	
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan
Street Address	Office Sought		Subdivision/District
City	State	Zip Code	Election Year
Signature of Candidate	!	_!	Date
Political Action Committees Only	<u> </u>	√ .	
Is the PAC sponsored by a labor If Yes, name the sponsor organization or corporation? No LiYes.	, <u> </u>	I	Acronym, if any
PAC Registration Number Authorized Signature	-	Date	List any affiliated PACs
- Doube	ا بحد	5/31/1	6
Political Parties, Political Contributing &	ntities,		
or Legislative Campaign Funds Only	- <u>-</u> -	· -	
Authorized Signature		Date	Ballot Issue PAC? Yes No
		<u> </u>	5/31/16
Signature of Treasurer			3 / 3 / / 1 b
Reason(s) for filing this form: Original Designation of Treasurer/Acknowle Change of Treasurer/Acknowledgement of A Designation or change of Deputy Treasurer Change of Address for	ppointment		Date
Change of Committee name. The previous na			
Change of Office Sought from			
Other. Please explain:			