

## Designation of Treasurer

Prescribed by Secretary of State 07/05

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Full Name of Committee <b>Richard Sharp for Bexley</b>			
Street Address <b>845 College Ave</b>		Telephone Number <b>614 588-3282</b>	
City <b>Bexley</b>		e-mail Address <b>rdaasharp@wowway.com</b>	
State <b>OH</b>		Zip Code <b>43209</b>	
Full Name of Treasurer <b>Richard E Sharp</b>			
Street Address <b>845 College Ave</b>		Telephone Number <b>614 588-3282</b>	
City <b>Bexley</b>		e-mail Address <b>rdaasharp@wowway.com</b>	
State <b>OH</b>		Zip Code <b>43209</b>	
Full Name of Deputy Treasurer (if any) <b>Debra L. Sharp</b>			
Street Address <b>845 College Ave</b>		Telephone Number <b>614 581-3620</b>	
City <b>Bexley</b>		e-mail Address <b>rdaasharp@wowway.com</b>	
State <b>OH</b>		Zip Code <b>43209</b>	
<b>Candidate's Campaign Committees Only</b>			
Full Name of Candidate <b>Richard E. Sharp</b>		Party Affiliation/Independent/Non-Partisan <b>Non-Partisan</b>	
Street Address <b>845 College Ave</b>		Office Sought <b>City Council</b>	
City <b>Bexley</b>		Subdivision/District <b>Bexley</b>	
State <b>OH</b>		Election Year <b>2017</b>	
Zip Code <b>43209</b>		Date <b>8-8-2017</b>	
Signature of Candidate <b>Richard E. Sharp</b>			
<b>Political Action Committees Only</b>			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, name the sponsor	
PAC Registration Number		Authorized Signature	
Date		List any affiliated PACs	
<b>Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only</b>			
Authorized Signature		Date	
Ballot Issue PAC?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Treasurer  
**Richard E Sharp**

Date  
**8-8-2017**

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: **Richard Sharp for Bexley City Council**

☐ Change of Filing Location. The previous location was: \_\_\_\_\_

The new location is: \_\_\_\_\_

☐ Change of Office Sought from \_\_\_\_\_ to \_\_\_\_\_

☐ Other. Please explain: \_\_\_\_\_