

TLED

Designation of Treasurer Prescribed by Secretary of State 07/05

11 AUG 17 PM 12: 00

All Committees	3.34			ATRINGO DI MISMININA
Full Name of Committee Rhoads for C	oun	cil	BOAF	RD OF ELECTIONS
Street Address JEBO Wildwood rd City	Telephone i		e-mail Address	900gmail,
Columbus	State OH	43231	FAX Number	<u> </u>
Full Name of Treasurer Jessica Rhoad	S			
Street Address 2557 Wildwoodrd	Telephone 1	1 3 3 165	e-mail Address	90 egmail.
Columbus	State OH	2ip Code 433331	FAX Number	0 -
Full Name of Deputy Treasurer (if any)				
Street Address	Telephone N	lumber	e-mail Address	
City	State OH	Zip Code	FAX Number	
Candidate's Campaign Committees	Only			
Full Name of Candidate Jessica Rhoad	2		Party Affiliation/Independent	/Non-Partisan
2552 wildwood rd	Office Soug	$\frac{1}{2}$	Subdivision/District	Park
Columbus	State OH	2ip Code 43231	Election Year	
Signature of Candidate			Date 8/12/11	
Political Action Committees Only Is the PAC sponsored by a labor If Yes, name the sponsor	***)/*	STATES TO BELLEVIOLET AND	y a. The y margin	Passes and the second s
organization or corporation? No Yes.				Acronym, if any
PAC Registration Number Authorized Signature		Date	List any affiliated PACs	
Political Parties, Political Contributing Entiti or Legislative Campaign Funds Only	es,			
Authorized Signature	, 1° 4°	Date	Ballot Issue PAC?	es 🔲 No
00		9/1	<u> </u>	
Signature of Treasing		Date	10/11	
Reason(s) for filing this form: X Original Designation of Treasurer/Acknowledgen Change of Treasurer/Acknowledgement of Appoi Designation or change of Deputy Treasurer Change of Address for	intment	ppointment		
\square Change of Committee name. The previous name				
☐ Change of Filing Location. The previous location				
Change of Office Sought from		to		