

Designation of Treasurer Prescribed by Secretary of State 07/05

| All Committees 2016 JUL 29 Pri 1: 54 | | | | | | |
|---|---|------------------------------------|--|------------------------|--|--|
| | y Young Democrats P. | | | | ANKLIN COUNTY | |
| Street Address 700 MOrse Rd Suite 105 | | Telephone Number | | | treasurer@fcydems.com | |
| City Columbus | | State | Zip Code 43214 | FAX Number | | |
| Full Name of Treasurer | | * | • | · | | |
| Michael Timot | ny Liggeπ | 15.7 | : - | | | |
| Street Address 696 Divorcious Dr. Apt. 19 | | Telephone Number (614) 634-3008 | | | e-mail Address liggett.55@osu.edu | |
| 686 Riverview Dr Apt 18 | | (014) 034-3006 State Zip Code | | | FAX Number | |
| Columbus | | OH 43202 | | The Number | | |
| Full Name of Deputy Treasurer | (if any) | · | | l . | | |
| Ch | | I Talanhama X | Samuel an | La mail d'adance | | |
| Street Address | | Telephone Number | | 6-man Address | e-mail Address | |
| City | | State OH | Zip Code | FAX Number | FAX Number | |
| Candidate's Ca | mpaign Committees | Only | <u>' </u> | | | |
| Full Name of Candidate | | | | Party Affiliation/Inde | Party Affiliation/Independent/Non-Partisan | |
| Street Address | | Office Sought | | Subdivision/District | Subdivision/District | |
| City | | State OH | Zip Code | Election Year | Election Year | |
| Signature of Candidate | | | · | Date | | |
| Political Action | Committees Only | | | | | |
| Is the PAC sponsored by a labor if Yes, name the sponsor organization or corporation? | | | | | Acronym, if any | |
| PAC Registration Number | Authorized Signature | | Date | List any affiliated PA | List any affiliated PACs | |
| · · | olitical Contributing Entit | ies, | · | | | |
| or Legislative Campaign Funds Only Authorized Signature Date | | | | Ballot Issue PAC? | | |
| Autorized agramit | | | Deat. | Balor isset Tries | ☐ Yes ☐ No | |
| Mir Signature of Treasurer | | | | 7/29/16 Date | | |
| Reason(s) for filing thi Original Designat Change of Treasu | tion of Treasurer/Acknowledge rer/Acknowledgement of Appo lange of Deputy Treasurer | ointment | Appointment | | | |
| • | ittee name. The previous name | | | | | |
| Change of Filing Location. The previous location was: | | | | | | |
| The new location is: | | | | | | |
| Change of Office Sought from to | | | | | | |
| Ci Other Please explain: | | | | | | |