

Designation of Treasurer

Prescribed by Secretary of State 07/05

2017 AUG -9 PM 3:15

Full Name of Committee ORUM FOR GM SCHOOL BOARD			
Street Address 7004 LITHOPOLIS ROAD		Telephone Number 614-506-0517	e-mail Address DIANA@FORTNERWC.COM
City GROVEPORT	State OH	Zip Code 43125	FAX Number -
Full Name of Treasurer DIANA ORUM			
Street Address 7004 LITHOPOLIS ROAD		Telephone Number 614-506-0517	e-mail Address DIANA@FORTNERWC.COM
City GROVEPORT	State OH	Zip Code 43125	FAX Number -
Full Name of Deputy Treasurer (if any) DIANA ORUM			
Street Address 7004 LITHOPOLIS ROAD		Telephone Number 614-506-0517	e-mail Address DIANA@FORTNERWC.COM
City GROVEPORT	State OH	Zip Code 43125	FAX Number -
Candidate's Campaign Committees Only			
Full Name of Candidate DIANA ORUM			Party Affiliation/Independent/Non-Partisan
Street Address 7004 LITHOPOLIS ROAD		Office Sought BOARD OF ED.	Subdivision/District GROVEPORT MADISON
City GROVEPORT	State OH	Zip Code 43125	Election Year 2017
Signature of Candidate Diana Orum			Date 8/9/17
Political Action Committees Only			
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, name the sponsor			Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only			
Authorized Signature		Date	Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No

Diana Orum
Signature of Treasurer

8/9/17
Date

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: _____

☐ Change of Filing Location. The previous location was: _____

The new location is: _____

☐ Change of Office Sought from _____ to _____

☐ Other. Please explain: _____