

Designation of Treasurer

Form 30-D

ORC 3517.10

	2719 1112-1- PM 12: 25									
TYPE OF FILING: 🖂 NEV	v 🗍 UI	PDATE			T					
COMMITTEE TYPE: 🗵 C	andidate	PAC	□ P	CE Politic	cal Party	Le	gisla	tive Camp	aign Fund	
update, please check the	appropriate r	eason(s):								
Change of Committee Name.	Prior Na	me was:	·····		·					
Change of Filing Location.	Prior Location was: New Location is:									
Change of Office Sought.	Previous Office Sought: New Office Sought:									
Change of Treasurer Info	Desi	gnation or Chang	e of De	outy Treasurer Info						
Change of address/phone/email	il for: (Committee	0	Treasurer 0	Deputy Treas	urer () Ca	ndidate		
Other Please Explain:										
All Committees		· · · · · · · · · · · · · · · · · · ·	·							
Full Name of Committee					· · · · · · · · · · · · · · · · · · ·	•		PAC # (if U	odated)	
Friends of Debbie Dunlap				04.		State	7:-			
Street Address 922 McCarrick Ct				City Reynoldsburg			Zip 43068			
elephone				Email						
6145779329				friendsofdebbied	unlap@gm	ail.com				
reasurer Susan Riedlinger						Email	^{nail} uried@sbcglobal.net			
Street Address				City Si			State Zip			
922 McCarrick Ct				Revnoldsburg		ОН	1 · ·			
Deputy Treasurer (if any)			Tele	phone		Email				
Street Address				City		State	Zip			
Super Address				Ony		June				
Candidate Committee	es Only			<u> </u>		. 	<u>-</u>			
Full Name of Candidate					Email	1006	11.	1 10-	_	
Deborah Dunlap				T	ladur		T	e, con	<u> </u>	
t reet Address 140 McMahon Ct				City	ty eynoldsburg			43068		
Office Sought	Subdivision/District			1 to y 1 to to to to to				OH 43068 dependent/Non-Partisan Election Year		
Board of Education Reynoldsburg					Democra				2019	
Political Action Com	mittees On	ly								
PAC is sponsored by:					Acrony				ym Used (if any)	
Competion	If Dellat Inc DA	C list incurs								
Corporation Not Sponsored	If Ballot Issue PA	NO, IIST ISSUB								
Is this a Ballot Issue PAC	DAG	List any	Affiliated	PACs/PCEs	·					
O Yes O No	PACs and PCEs	s Uniy								
Susan Riedlinge	1 6-	3-2010	7] [11 Thatick	K 1/2	1/11/	1	6-3	-2019	
Signature of Treasurer or Deputy Tr	reasurer Date (MM/DD/YYYY)	۲ ۲	Signature of Candida	te if Candida	te Commit	ee	Date (MM/		