

Designation of Treasurer

Prescribed by Secretary of State 07/05

ED

| All Committees | | | | 2014 AUG -4 PM 2:08 | |
|--|----------------------|------------------------------------|------|---|-----------------|
| Full Name of Committee Franklin County Democratic Party- Judicial Account | | | | | |
| Street Address 929 Harrison Ave. Suite 100 | | Telephone Number (614) 229-5286 | | e-mail Address kimmarinello@aol.com | |
| City Columbus | State OH | Zip Code 43215 | | FAX Number (614) 492-9610 | |
| Full Name of Treasurer Kimberly E. Marinello | | | | | |
| Street Address 80 Williams Road | | Telephone Number (614) 286-5345 | | e-mail Address kimmarinello@aol.com | |
| City Columbus | State OH | Zip Code 43207 | | FAX Number | |
| Full Name of Deputy Treasurer (if any) | | | | | |
| Street Address | | Telephone Number | | e-mail Address | |
| City | State OH | Zip Code | | FAX Number | |
| Candidate's Campaign Committees Only | | | | | |
| Full Name of Candidate | | | | Party Affiliation/Independent/Non-Partisan | |
| Street Address | | Office Sought | | Subdivision/District | |
| City | State OH | Zip Code | | Election Year | |
| Signature of Candidate | | | | Date | |
| 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 <i>Kimberly E. Marinello</i> | | Date 8-4-14 | | Ballot Issue PAC? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature of Treasurer

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 Franklin County Democratic Party-Judicial Account

☐ Change of Committee name. The previous name was: _____

☒ Change of Filing Location. The previous location was: 929 Harrison Ave. Suite 104 Columbus, Ohio 43215

The new location is: 929 Harrison Ave. Suite 100 Columbus, Ohio 43215

☐ Change of Office Sought from _____ to _____

☐ Other. Please explain: _____