Designation of Treasurer Prescribed by Secretary of State 07/05

	•	Prescribed :	by Secretary of State 07/05	O.C	AH 11: 22
All Committees			"	KAID JOH F.	AH 11: 22
Full Name of Committee Columbus Citizens Fo	r Accountability			FRANKLI POLED DE	ELECTIONS
Street Address 5340 E. Main Street		Telephone Number (614) 530-5496		e-mail Address* dpr.lmm842@gmail.com	
City		State Zip Code		FAX Number	
Columbus Full Name of Treasurer		ОН	43213		
Emily Murphy					
Street Address		Telephone Number		e-mail Address	· · · · · · · · · · · · · · · · · · ·
5340 E. Main Street		(614) 530-5496		dpr.lmm842@gmail.com	
City Columbus		State	Zip Code 43213	FAX Number	
Full Name of Deputy Treasurer (if any)		1	<u>:</u>		
Street Address		Telephone Number		e-mail Address	
City		State	Zip Code	FAX Number	
		OH		The value	
Candidate's Campa	ign 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		<u> </u>	Date		
Political Action Con	nmittees Only				
Is the PAC sponsored by a labor or spanization or corporation?			<u> </u>		Acronym, if any
PAC Registration Number Authorized Signature			Date	List any affiliated PACs	
Dra ID a Dra I		.•			
Political Parties, Political or Legislative Campaign	_	ues,			
Authorized Signature			Date	Ballot Issue PAC?	——————————————————————————————————————
				■ Ye	s 🗆 No
Signature of Freesurer			Date	22/16	
Reason(s) for filing this form: Original Designation of The Change of Treasurer/Ack Designation or change of Change of Address for	nowledgement of Appo Deputy Treasurer	ointment	Appointment		
☐ Change of Committee na	me. The previous name	e was: _			
Change of Filing Locatio	n. The previous locatio	n was:			
	The new location is:				
Change of Office Sought	from	· · ·	to		
Finther Please explain:					