

## Designation of Treasurer Prescribed by Secretary of State 5/05

13 APR -2 AM 10: 42

	Prescri	bed by	Secretary of Sta	ite 5/05			Takket	Num Count	íΥ
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All Committees	<u> </u>			٠		•			
Full Name of Committee Good Health Columbus Politica	al Action Co	mm	nittee						
Street Address	Telephone				E-Mail Add	lress	· · · · · · · · · · · · · · · · · · ·		
1390 Dublin Road			l-240-742(	)					
City	Stat		Zip Code			FAX Numbe			
Columbus		H	43215			614-240	)-7410		
Full Name of Treasurer  Polytick Foldor			ļ						
Patrick Ecklar Street Address	Telephone	Telephone Number			E-Mail Address				
1390 Dublin Road	] '	614-240-7420							
City	Stat		Zip Code			FAX Number		_	1
Columbus		H	43215			614-240	J-741U		
Full Name of Deputy Treasurer (if any) Philip H. Cass									
Street Address	Telephone	Telephone Number			E-Mail Address				
1390 Dublin Road		614-240-			h				
City	Sta	_	Zip Code			FAX Number			ļ
Columbus		Н	43215			614-240			
Candidate's Campaign Co	mmittee	s O	nly	2.3			٠.٠		
Full Name of Candidate			<u> </u>		· · · · · · · · · · · · · · · · · · ·	Party Affilia	tion/Independ	ent/Non-Partisan	
Street Address	Office So	ught				Subdivision/District			I
			Tain Code	<u> </u>		Election Ye	<u></u>	<del></del>	
City	Sta 	ie	Zip Code	}	Licens		ar real		
Signature of Candidate	!	Di	ate	1					
				<u> </u>					
<b>Political Action Committee</b>	es Only		1 1	1 .		2 <sub>6</sub>		•	
Is the PAC sponsored by a labor				1	· -	· · · · · · · · · · · · · · · · · · ·	Acronym, it	f any	
organization or corporation?	Sponini								
✓ No Yes							GHC	PAC	
PAC Registration Number Authorized Signa	ture		Date	•		List any affi	liated PACs		
				•		-			
Political Parties, Political	Contribu	itin	ig Entit	ies,		•			
O. I saislative Commaign	Eunda O	- lv:							
Or Legislative Campaign	runus O			<u> </u>					
Authorized Signature		D	ate	1		Ballot Isue	7	□No	
	<del></del>			<del>-  </del>			Yes	L.JINO	
11.1 10					_ /	,			
Philip: It Cas					<u> 3/2</u>	6/13			
Signature of Treasurer (Deputy)				Da	ate				
Ç , , , ,				1					
Reason(s) for filing this form: Original Designation of Treasurer/ Ac	knowlodgome	ant o	f Appointm	ent					
Designation of new Treasurer/Acknowledge	wledgement o	of Ap	pointment						
Designation or change of Deputy Tre	asurer			l					
Change of Address for Good He	alth <u>Columl</u>	<u>bus</u>	Political 1	<u>Action</u>	Commi	ttee			
Change of Committee name. The pres	vious name wa	15							
Change of filing location. The previou	is location was	5	<del></del>	-					
Change of office sought from			to	+					
Other. Please explain:									
• • • • • • • • • • • • • • • • • • • •									