

Designation of Treasurer

Form 30-D

ORC 3517.10

			2011 FET.	<u>. 131</u>	10.01				
TYPE OF FILING: X NEW	UPDATE			w .					
COMMITTEE TYPE: X Ca	andidate 🗌 PAC [PC	E	Politica	al Party		egislative Can	npaign Fund	
If update, please check the appropriate reason(s):									
Change of Committee Name.	Prior Name was:								
Change of Filing Location.	Prior Location was:		· 		New Loca	tion is:	······································		
Change of Office Sought.	Previous Office Sought:	Previous Office Sought: New Office Sought:							
Change of Treasurer Info	Designation or Change	of Dep	uty Treasurer	Info					
Change of address/phone/email	for: Committee	O 1	reasurer	○ De	eputy Treas	urer	Candidate		
Other Please Explain:					· · · · · · · · · · · · · · · · · · ·				
Full Name of Committee Jenkins for Reynoldsburg							PAC # (if	Updated)	
Street Address 945 Mahle Dr.		1	City Reynoldsbı	ırg		State OH	Zip 43068		
Telephone 6149468675			Email jenkinsforre	eynolds	burg@gm	nail.com			
Treasurer Kristin Bryant		Telep 614-	hone -893-2299			Email bryant la	aw@sbcglobal.	net	
Street Address		- T	City		L	State	Zip	.,	
387 Cheyenne Way			Reynoldsb	urg		ОН	43068	· · · · · · · · · · · · · · · · · · ·	
Deputy Treasurer (if any) Leanora Jenkins		Telep 6149	9468675			Email jenkinsfo	orreynoldsburg	@gmail.com	
Street Address 945 Mahle Dr.		- 1	City Reynoldsb	urg		State OH	Zip 43068	:	
Full Name of Candidate Leanora Jenkins				Email jenkinsfo	orreynold	sburg@gmail.c	om		
Street Address			City			State OH	Zip		
945 Mahle Dr.	Out division (District		Reynoldsb		Darti Affilia		43068 ndent/Non-Partisa	Election Year	
Office Sought President of City Council	Subdivision/District Reynoldsburg	ι			Democra		noem/non-ramsa	2019	
PAC is sponsored by: Labor Organization	If Sponsored, Name the Sponsor		alama arika ya zigi eta arika arika zini zini zini eren zi				Acronym Used (if a	any)	
O Corporation	If Ballot Issue PAC, list issue								
O Not Sponsored									
Is this a Ballot Issue PAC O Yes O No	List any Aff	filiated f	PACs/PCEs		\sim				
Signature of Treasurer or Deputy Tre	assurer Date (MM/DD/YYYY)		ignature of C	andidate	if Candida	te Commit	tee Date (MA	8/19 A/DDMMM)	
Signature of Frequency of Bopary 116		31	.g	77			···· J~~		