## Designation of Treasurer Prescribed by Secretary of State 07/05

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All Committees				그는 요	
Full Name of Committee Restore Gahanna			<del></del>	SHO A 64	
Street Address 82 Mill Street Ste D	1 '	Telephone Number (614) 570-3778		e-mail Address restoregahanna@gmail.com	
City Gahanna	State OH	Zip Code 43230	FAX Number		
Full Name of Treasurer Kristina Marie Hoffman					
Street Address 82 Mill Street Ste D	1 .	Telephone Number (614) 570-3778		c-mail Address restoregahanna@gmail.com	
City Gahanna	State OH	Zip Code 43230	FAX Number		
Full Name of Deputy Treasurer (if any)					
Street Address	Telephone	Telephone Number		e-mail Address	
City	State OH	Zip Code	FAX Number		
Candidate's Campaign Con	mmittees Only				
Full Name of Candidate			Party Affiliation/Indep	Party Affiliation/Independent/Non-Partisan	
Street Address	Office Sou	Office Sought		Subdivision/District	
City	State OH	Zip Code	Election Year	Election Year	
Signature of Candidate		<del></del>	Date		
Political Action Committee	es Only				
Is the PAC sponsored by a labor organization or corporation?				Acronym, if any	
PAC Registration Number Authorized Signature		Date	List any affiliated PACs		
Political Parties, Political Contrib or Legislative Campaign Funds C	~	!			
Authorized Signature	, my	Date	Ballot Issue PAC?  Yes No		
Signature of Treasurer	nan		9/5/13 Date		
Reason(s) for filing this form:  Original Designation of Treasurer/Acknowledger Change of Treasurer/Acknowledger Designation or change of Deputy T Change of Address for	ment of Appointment reasurer				
Change of Committee name. The page					
Change of Filing Location. The pre	vious location was:	<del> </del>			
The new	v location is:			<b>-</b> - · · · · · · · · · · · · · · · · · ·	
Change of Office Sought from		to		<del></del>	
COther, Please explain:					