

Designation of Treasurer

Form 30-D

ORC 3517.10

TYPE OF FILING. A NEW	T UDDATE	2019 JUL 25 AM	8: 28			
TYPE OF FILING: NEW COMMITTEE TYPE: Candid	UPDATE date	DAGE OF ELECTION	itical/Party		islative Camp	aign Fund
If update, please check the appr Change of Committee Name.						algri i unu
Change of Filing Location.	Prior Location was:	New Location is:				
Change of Office Sought.	Previous Office Sought:	New Office Sought:				
Change of Treasurer Info Change of address/phone/email for: Other Please Explain:	Designation or Change Committee	e of Deputy Treasurer Info	Deputy Treasure	er 🔘	Candidate	
Full Name of Committee Re-Elect West	camp Ma				PAC # (if U	odated)
Street Address 282 Green A Telephone 1014-836-2008	-ve	GIOVERO Email West	A	State Z	4312	5 e+
Treasurer Julie Westca Street Address 282 Green AV	1	Telephone 614-836-2 City Grovepo	8 800L	mail	amp@sk	
Deputy Treasurer (if any)		Telephone		mail		
Street Address		City		State 2	Zip	
Full Name of Candidate			Email			
Street Address		City		State Z	Zip	
Office Sought	Subdivision/Distric	ot	Party Affiliatio	n/Independe	ent/Non-Partisan	Election Year
PAC is sponsored by: Chapter Organization			Acr	onym Used (if an	y)	
 Corporation Not Sponsored Is this a Ballot Issue PAC Yes No 	ot Issue PAC, list issue	ffiliated PACs/PCEs				
Signature of Treasurer or Deputy Treasurer	7 25 1 G Date (MM/DD/YYY)	Signature of Candid	late if Candidate	Committee	Date (MM/D	DD/YYYY)