

Designation of Treasurer

Form 30-D

R.C. 3517.10

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TYPE OF FILING: NE	W X	JPDATE									
COMMITTEE TYPE: 🗵	Candidate	PAC	PCE	<u> </u>	Politic	al Party		egisla	ative Cam	paign Fund	
If update, please check th	e appropriate	reason(s):									
Change of Committee Name.	Prior N	lame was:		<u></u>		-					
Change of Filing Location. Prior Location was: Franklin County Board of Elections							New Location is: Ohio Secretary of State				
Change of Office Sought.	dge Common	nmon Pleas New Office Sought: Judge Court of Appeals									
Change of Treasurer Info	De	signation or Change	of Deputy	y Treasurer	Info						
Change of address/phone/email for: Committee Treasurer Deputy Treasurer Candidate											
Other Please Explain:						***************************************					
All Committees											
Full Name of Committee Committee for Judge O'Donnell							PAC# (if U	Jpdated)			
Street Address				City			State	Zip	Zip		
260 N. Cassady Ave.				Columbus			ОН	43209			
Telephone			Er	mail.							
Treasurer Te				elephone			Email	Email			
Suzanne E. Marshall				(614)252-4045			marshtug@	arshtug@sbcglobal.net			
Street Address 260 N. Cassady Ave.				City Columbus			State OH	1	Zip 43209		
Deputy Treasurer (if any)				Telephone			Email				
Street Address			City				State	te. Zip			
Candidate Committe	es Only							1			
Full Name of Candidate Colleen T. O'Donnell						Email.					
Street Address			City				State	1 '			
1160 Glenn Ave.			Columbus			OH 43212					
Office Sought Subdivision/District Judge Court of Appeals 10th District			l .			Party Affiliation/Independent/Non-Partisan Election Year Republican 2020					
Political Action Com	mittees On	ly on the second									
PAC is sponsored by: If Sponsored, Name the Sponsor										1y) ·	
Cameration						\$		(T	1 33		
Corporation Not Sponsored	If Ballot Issue PAC, list issue							(A)	6		
Is this a Ballot Issue PAC	Cs/PCEs	and the second	***************************************			- 3					
O Yes O No	PACs and PCE	s Uniy			- transfer			C)	economic control of the control of t		
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Signature of Treasurer or Deputy T		(MM/DD/YYYY)		nature of Ca	andidate	or Authori	zed Party		Date MM/	DØ/YYYY)	
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