

## **Designation of Treasurer**

Form 30-D

R.C. 3517.10

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TYPE OF FILING: 🔀 NEW	UPDATE		ر دید و ش						Fund
COMMITTEE TYPE: 🗵 Candid	date 🗌 PAC	☐ PC	CE	Political	Party	Le	gislat	ive Campai	gn runa
update, please check the appr	opriate reason(s):								ļ
Change of Committee Name.	Prior Name was:								
Change of Filing Location.	Prior Location was:	cation was: New Location is:							
Change of Office Sought.	Previous Office Sought: New Office Sought:								
Change of Treasurer Info	Designation or Change of Deputy Treasurer Info								
Change of address/phone/email for:	Committee	$\circ$	Treasurer	O Dep	outy Treasu	rer (	) Ca	ndidate	
Other Please Explain:									
All Committees								PAC # (if Upo	lated)
Full Name of Committee								PAC# (II Opc	iaicuj
Sheryl Munson for Judge Committee			City			State	Zip	l	
Street Address 3700 Rivervail Dr.			Columbus				43221		
Felephone			Email sherylmunsonforjudge2020@gmail.com						
6143617580				nforjudge202	0@gmail.cor	n Email	·		
Treasurer			<b>ephone</b> 45620366	Ì	Barnhart.robert@gmail.com				
obert Barnhart			City			State	tate Zip		
Street Address 1230 Marlyn Dr.			Columbus			ОН	432	20	
Deputy Treasurer (if any)		Tel	lephone			Email			
·			City			Stat	e Zip		
Street Address			City						
	Only								
Candidate Committees	Olliy				Email				
Full Name of Candidate Sheryl Munson					sherylmu		Τ	gmail.com	
Street Address			City			Sta	1 -	221	
3700 Rivervail Dr.			Columbus		Dorby Affili	1	- 1		Election Yea
Office Sought Judge, Franklin Co. Ct. of Common Pleas, Gener			Democrat				/Independent/Non-Partisan Election Yea 2020		
PAC is sponsored by: If Sponsored, Name the Sponsor					Acronym Used (if any)				
PAC is sponsored by:  ( ) Labor Organization	sponsored, Name the operation	<b>.</b>							
1 ~	Ballot Issue PAC, list issue								
O Not Sponsored			L DAC: /DC5						
Is this a Ballot Issue PAC	List ar	ny Affilial	ted PACs/PCE	:5					
O Yes O No	11/20/2019 Indistruct						11/20/2014		
POYBL!	Signature of Candidate or Authorized Party				·	Date (MM/DD/YYYY)			
Signature of Treasurer or Deputy Treas	surer Date (MM/DD/YYYY	)	Signature	oi Canuida	te of Autho	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	•	•	