## Designation of Treasurer Prescribed by Secretary of State 5/05

2016 APR 22 AM 11: 24

|                                       |                           |                                  |                |                 |   |               | The second secon |
|---------------------------------------|---------------------------|----------------------------------|----------------|-----------------|---|---------------|--|
| All Committees                        |                           |                                  |                |                 |   |               | BOARD OF ELECTION  |
| Full Name of Committee                | <del></del>               |                                  | <del></del>    |                 | <u> </u>                                    |               | OTHIN  |
| David Young for Ju                    | idge Committee            |                                  |                |                 |   |               |  |
| Street Address                        | Telephone N               | Telephone Number                 |                |                 | E-Mail Address                              |               |  |
| 4100 Regent Street, Suite A           |                           |                                  |                |                 |   |               |  |
| City                                  |                           | State Zip Code                   |                |                 | FAX Number                                  |               | न  |
| Columbus                              |                           |                                  | H <u>  4</u> 3 | 3219            |   |               |  |
| Full Name of Treasurer                |                           |                                  |                |                 |   |               |  |
| Mallory Murphy                        |                           | In a second                      |                |                 | E 54 2 4 14                                 |               | · · ·  |
| Street Address                        |                           | Telephone Number (614) 407-5297  |                |                 | E-Mail Address mallory@mallorymurphyław.com |               |  |
| 4100 Regent Street, Suite A           |                           | (014) 407-3297<br>State Zip Code |                |                 | FAX Number                                  |               |  |
| Columbus                              |                           | H 43219                          |                |                 |   |               |  |
| Full Name of Deputy Treasurer (if any | )                         | 1 () ' '                         | 1 1 1          | 7217            | <u> </u>                                    |               |  |
|                                       | ,                         |                                  |                |                 |   |               |  |
| Street Address                        | Telephone Number E-Mail A |                                  |                | E-Mail Add      | ddress                                      |               |  |
|                                       |                           |                                  |                |                 |   |               |  |
| City                                  |                           | State Zip Code                   |                |                 | FAX Number                                  |               |  |
|                                       |                           |                                  |                |                 |   | <u> </u>      |  |
| Candidate's Can                       | maion Comm                | nittees                          | Only           | ,               | <del></del>                                 |               |  |
|                                       | Pargri Comm               | HILLES                           | Omy            |                 |   | In            | in male and an object to the second  |
| Full Name of Candidate                |                           |                                  |                |                 | Party Affiliation/Independent/Non-Partisan  |               |  |
| David C. Young Street Address         | Office Sought             |                                  |                |                 | Democrat<br>Subdivision/District            |               |  |
| 6100 Wynford Driv                     | Common Pleas Judge        |                                  |                |                 | Franklin County                             |               |  |
| City                                  | State Zip Code            |                                  |                |                 | Election Year                               |               |  |
| Dublin                                |                           |                                  |                | 3017            |   |               |  |
| Signature of Candidate                |                           | 117.                             | Date           |                 |   |               |  |
|                                       |                           |                                  |                |                 |   |               |  |
| Political Action                      | Committees (              | Only                             |                |                 |   |               |  |
| Is the PAC sponsored by a labor       | If Yes, name the sponsor  | ·                                | _              | <u> </u>        | _   |               | Acronym, if any  |
| organization or corporation?          |                           |                                  |                |                 |   |               |  |
| Na Yes                                | <u></u>                   |                                  |                |                 |   |               | <u></u>  |
| PAC Registration Number               | Authorized Signature      |                                  |                | Date            |   | List any affi | lizted PACs  |
|                                       |                           |                                  |                |                 |   | 4             |  |
| Political Parties,                    | <b>Political Cor</b>      | itribut                          | ing E          | ntities.        |   |               |  |
|                                       |                           |                                  | _              | ŕ               |   |               |  |
| Or Legislative C                      | ampaign Fun               | ids On                           | ly             |                 |   | Į.            |  |
| Authorized Signature                  | Date                      |                                  |                | · · · · · · · - | Ballot Isue PAC?                            |               |  |
| r tudio in 24 digitale                |                           |                                  |                |                 |   |               | Yes No   |
|                                       |                           |                                  |                |                 | 1   | 7             |  |
| $\mathcal{M}/\neg$                    |                           |                                  |                |                 | ,1/22                                       | hi            |  |
| 11-1-                                 |                           |                                  |                |                 | 4/22  | _ ک//         |  |
| Signature of Treasurer                | ) /                       |                                  |                | Da              | ite'  |               |  |
| Reason(s) for filing this for         | rm:                       |                                  |                |                 |   |               |  |
| Original Designation o                | f Treasurer/Acknow        | ledgemen                         | t of App       | ointment        |   |               |  |
| Designation of new Tre                | easurer/Acknowledg        | gement of a                      | Appoint        | ment            |   |               |  |
| Designation or change                 | of Deputy Treasurer       |                                  |                |                 |   |               |  |
| Change of Address for                 | Treasurer and             | Commit                           | tee            |                 |   |               |  |
| Change of Committee                   |                           |                                  | _              |                 |   |               |  |
| hange of filing location              |                           |                                  |                |                 |   |               |  |
|                                       | The new location          | 15                               |                |                 |   |               | <del></del>  |
| Change of office sough                | t from                    | <del>.</del>                     |                | to              |   |               | <del></del>  |
|                                       |                           |                                  |                |                 |   |               |  |