

Designation of Treasurer

Form 30-D

2819 AP 3 P. 2 1 2 ORC 3517.10

TYPE OF FILING: NEW	▼ UPDATE								
COMMITTEE TYPE: 🗷 Car	ndidate	P	CE P	olitic	al Party	☐ Le	gislative Cam	paign Fund	
If update, please check the ap	opropriate reason(s):							e ^a	
Change of Committee Name.	Prior Name was:						*		
Change of Filing Location.	Prior Location was:	Prior Location was: New Location is:							
Change of Office Sought.	Previous Office Sought:	revious Office Sought: New Office Sought:							
Change of Treasurer Info	Designation or Change	of De	puty Treasurer Inf	o					
Change of address/phone/email for	or: Committee	0	Treasurer) D	eputy Treasu	rer (Candidate		
Other Please Explain:									
All Committees									
Full Name of Committee Friends of McGivern	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						PAC # (if L	lpdated)	
Street Address			City			State			
3257 Northampton Drive			Hilliard			ОН	OH 43026		
Telephone 614-227-8826			Email						
						Email cslagle@bricker.com			
Street Address			City			State	1 '		
100 South Third Street			Columbus				OH 43215		
Deputy Treasurer (if any)			elephone			Email			
Street Address			City			State	e Zip		
Candidate Committees	Only	mprosentin							
Full Name of Candidate Kelly McGivern		Email kmcgivern@liv			ve.com				
Street Address 3257 Northampton Drive			City Hilliard			State OH	Zip 43026		
Office Sought Subdivision/District			Party Affiliation/l Republican				/Independent/Non-Partisan Election Year		
Political Action Commi	ittees Only								
PAC is sponsored by: If Sponsored, Name the Sponsor						P	Acronym Used (if a	ıy)	
○ Labor Organization									
· ·	Ballot Issue PAC, list issue								
Not Sponsored Deliver Deli	COS		LDACo/DCEo						
Is this a Ballot Issue PAC Yes O No	ACs and PCEs Only	matec	I PACs/PCEs						
11 Au 1 8/1	3/27/2018	7 F	7, 7	40	$\mathcal{U}_{i,j,j}$	11	112	Xo-2018	
Signature Measuret or Deput Greas		-, L	Signature of Can	didate	if Candidate	e Committe			
/ U	•		}						