Designation of Treasurer Prescribed by Secretary of State 07/05

7 1 0 3	Γ.	Reset Form

All Committees			II IMALOT	DM L. NO
Full Name of Committee	ludes			
Committee to Elect Monica Hawkins for			FRANKLINI	CRUNTY
Street Address 2815 Kingsrowe Ct.	Telephone Number (614) 231-9569		e-mail Address RD DF E	LECTIONS
City Columbus	State OH	Zip Code 43209	FAX Number	
Full Name of Treasurer	- 1	<u> </u>		
Jessica M. Johnson				
Street Address	Telephone Number		e-mail Address	
1104 N. High Street	(614) 289-8561		jjohnson@asohio.com	
City	State Zip Code		FAX Number	
Columbus	OH	43201	(614) 465-1704	
Full Name of Deputy Treasurer (if any)	<u>•</u>		•	
Street Address Telephone Number		Number	e-mail Address	
Siver Address	Telephone Telephone			
City	State OH	Zip Code	FAX Number	
Candidate's Campaign Committee	s Only			
Full Name of Candidate	<i>J</i>		Party Affiliation/Independent/I	Non-Partisan
Monica E. Hawkins		Democratic		
Street Address Office Sough		ght	Subdivision/District	
2815 Kingsrowe Ct.		of Common Pleas	District 010	
City	State	Zip Code	Election Year	······································
Columbus	OH	43209	2014	
Signature of Cardidate	Date 1/26/2014			
Political Action Committees Only				
Is the PAC sponsored by a labor H Yes, name the sponsor organization or corporation?				Acronym, if any
		Date	List any affiliated PACs	
Political Parties, Political Contributing Ent	ities.			
or Legislative Campaign Funds Only	,			
Authorized Signature	Ballot Issue PAC?			
Authorized Signature Date			☐ Yes ☐ No	
Signature of Teasurer		01 Date	/26/2014	
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledg Change of Treasurer/Acknowledgement of App Designation or change of Deputy Treasurer Change of Address for	oointment			
Change of Committee name. The previous name	ne was: _			
Thange of Filing Location. The previous location	on was:			
The new location is	:			
Change of Office Sought from				
Other. Please explain:				