30-D
R C 3517.10

Designation of Treasurer

Prescribed by Secretary of State 07/05

RECEIVED
MAY 15 2017
Secretary of State

All Committees

Full Name of Committee			
TIM BARHORST FOR OHIO			
Street Address	Telephone Number		e-mail Address
56 DORCHESTER SQUARE STE 200	(614) 309-1992		
City	State	Zip Code	FAX Number
WESTERVILLE	OH	43081	
Full Name of Treasurer			
J. MATTHEW YUSKEWICH, CPA 1085			
Street Address	Telephone Number		e-mail Address
4679 WINTERSET DRIVE	(614) 459-7700		MYUSKEWICH@WINTERSETCPA.COM
City	State	Zip Code	FAX Number
COLUMBUS	OH	43220	(614) 459-8677
Full Name of Deputy Treasurer (if any)			
SUSAN JONES 1470			
Street Address	Telephone Number		e-mail Address
4679 WINTERSET DRIVE	(614) 459-7700		SJONES@WINTERSETCPA.COM
City	State	Zip Code	FAX Number
COLUMBUS	OH	43220	(614) 459-8677

Candidate's Campaign Committees Only

Full Name of Candidate			Party Affiliation/Independent/Non-Partisan
TIMOTHY N. BARHORST			REPUBLICAN
Street Address	Office Sought		Subdivision/District
56 DORCHESTER SQUARE STE 200	OHIO HOUSE REPRESENTATIVE		19
City	State	Zip Code	Election Year
WESTERVILLE	OH	43081	2018
Signature of Candidate			Date
			5/10/17

Political Action Committees Only

Is the PAC sponsored by a labor organization or corporation? ☐ No ☐ Yes	If Yes, name the sponsor		Acronym, if any
PAC Registration Number	Authorized Signature	Date	List any affiliated PACs

Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only

Authorized Signature	Date	Ballot Issue PAC?
		☐ Yes ☐ No

J. Matthew Yuskewich
Signature of Treasurer

5/10/17
Date

Reason(s) for filing this form:

- ☒ Original Designation of Treasurer/Acknowledgement of Appointment
- ☐ Change of Treasurer/Acknowledgement of Appointment
- ☐ Designation or change of Deputy Treasurer
- ☐ Change of Address for _____
- ☐ Change of Committee name. The previous name was: _____
- ☐ Change of Filing Location. The previous location was: _____
  The new location is: _____
- ☐ Change of Office Sought from _____ to _____
- ☐ Other. Please explain: _____