

Designation of Treasurer

Prescribed by Secretary of State 07/05

FILED

All Committees				2015 APR 15 PM 4: 06	
Full Name of Committee <i>Chris Amorose Groomes for Dublin</i>					
Street Address <i>10291 SYLVIA DRIVE</i>		Telephone Number <i>614 340 7434</i>		e-mail Address <i>FRANKLIN COUNTY BOARD OF ELECTIONS</i>	
City <i>Columbus</i>	State <i>OHIO</i>	Zip Code <i>43017</i>	FAX Number <i>ChrisAmoroseGroomes@gmail.com</i>		
Full Name of Treasurer <i>BRUCE BURKHOLDER</i>					
Street Address <i>10291 SYLVIA DRIVE</i>		Telephone Number <i>614 340 7434</i>		e-mail Address <i>Bbuckholder@Istarewicks.com</i>	
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>	FAX Number		
Full Name of Deputy Treasurer (if any)					
Street Address		Telephone Number		e-mail Address	
City	State	Zip Code	FAX Number		
Candidate's Campaign Committees Only					
Full Name of Candidate <i>CHRIS AMOROSE GROOMES</i>				Party Affiliation/Independent/Non-Partisan <i>I</i>	
Street Address <i>5896 LEVEN LINKS CRTS</i>		Office Sought <i>Dublin City Council</i>		Subdivision/District <i>Dublin At Large</i>	
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>	Election Year <i>2015</i>		
Signature of Candidate <i>[Signature]</i>				Date <i>4/15/15</i>	
Political Action Committees Only					
Is the PAC sponsored by a labor organization or corporation? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

[Signature]
Signature of Treasurer

4-15-15
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: _____