



Designation of Treasurer

Form 30-D

R.C. 3517.10

2019 DEC -2 PM 2:08

TYPE OF FILING: X NEW	□ ι	JPDATE FRAM	hu.	FIFCTIONS						
COMMITTEE TYPE: Candidate PAC PCE Political Party Legislative Campaign Fund										
If update, please check the appropriate reason(s):										
Change of Committee Name.	Prior N	-								
Change of Filing Location.	Prior L	Prior Location was:				New Location is:				
Change of Office Sought.	Previous Office Sought:				New Office Sought:					
Change of Treasurer Info	☐ De									
Change of address/phone/email for:	Designation or Change of Deputy Treasurer Info for: Ocumnittee Treasurer Deputy Treasurer Candidate									
Other Please Explain:										
All Committees										
Full Name of Committee								PAC # (if	Updated)	
GARY TYACK FOR PROSECUTOR										
Street Address 545 E. TOWN ST.				City		1		<u>'ip</u>		
Telephone				COLUMBUS	· .	OI	7 4	13215		
Telephone Email 614-263-7000 CONTACT@ELECTIONLAWGROUP.COM										
Treasurer			Tel	Telephone		Email				
KRISTIN BRYANT				T-127		<u> </u>				
Street Address 545 E. TOWN ST.				City		St	- 1	Zip 13215		
Deputy Treasurer (if any)			Tel	Telephone			Email			
				•					1	
Street Address			-	City		St	ate Z	Zip		
Candidate Committees C	nly			- 19 gran	T					
Full Name of Candidate GARY TYACK					Email		٠	·		
Street Address				City			ate Z	ate Zip		
427 PITTSFIELD DR.				WORTHINGTON		01	OH 43085			
Office Sought Subdivision/District COUNTY PROSECUTOR FRANKLIN COUNT							ation/Independent/Non-Partisan Election Year			
	; ' 	1	7		DEWOCKA	IIC .	-		2020	
Political Action Committees Only PAC is sponsored by: If Sponsored, Name the Sponsor							Acronym Used (if any)			
Labor Organization					,		Aci	onym osed (ii a	шу	
O Corporation If Ball	If Ballot Issue PAC, list issue									
O Not Sponsored										
Is this a Ballot Issue PAC O Yes O No	and PCE	is Only List any Affi	liated	I PACs/PCEs						
Yes () No		_ / _ /	 Г	<i>h</i> .					, ,	
12/02/2019 Janes Leg								12/0	02/2019	
Signature of Treasurer or Deputy Treasure	er Date	(MM/DD/YYYY)		Signature of Candidate	of Authori	zed Part	y	Date (MM	(/DD/YYYY)	