## Designation of Treasurer Prescribed by Secretary of State 07/05

Full Name of Committee		1				
Street Address	ming toc	Telephone N	umber	e-mail Address		
3190	Guffey Dr.	. 614-	832-2542	- edflenin	5 50/	C-216
City	City	State OH	Zip Code	FAX Number	Ha.	
Full Name of Treasurer						S. a. p.
Street Address	irley spel	Telephone N	, mbar	e-mail Address		₩.
Succe Address	0	retephone iv	unioci	C-mail Address		j
City		State OH	Zip Code	FAX Number		
Full Name of Deputy Treasurer	r (if any)	011	<u>.                                    </u>	<u> </u>		
Street Address		Telephone N	humber	e-mail Address		
Street Address		Telephone N	umbei	c-mail Address		
City		State OH	Zip Code	FAX Number		
Candidata's C	amnaian Cammitta				<del></del>	
Full Name of Candidate	ampaign Committe	es Omy		Party Affiliation/Independent	/Non-Partisan	
Edward A Flenin			5	Non-Po		5 ~ -
Street Address	J. Ifo v Dr.	Office Sou	- M (Qualit	Subdivision/District	1	
City		State	Code	Election Year	` <u></u>	
Signature of Candidate	Ext y	<u> </u>	43123	Date 201+		
Signature of California	)09		_ '	8-09-17	_	
Political Action	n Committees Only					
Is the PAC sponsored by a labor organization or corporation?  \[ \text{No}  \text{\text{Tyes}}. \]	r If Yes, name the sponsor				Acronym, if	fany
PAC Registration Number	Authorized Signature		Date	List any affiliated PACs		
Political Parties, P	olitical Contributing En	tities.				
	npaign Funds Only	,				
Authorized Signature			Date	Ballot Issue PAC?	es [	No
<u> </u>		<del></del>	<u></u>			
Signature of Treasurer	<del></del>		Date			
Change of Treas	ation of Treasurer/Acknowled urer/Acknowledgement of A hange of Deputy Treasurer	ppointment	Appointment			
Change of Comm	nittee name. The previous na	me was:				<u></u>
	Location. The previous loca					
	_					
Change of Office	e Sought from					
	plain:					