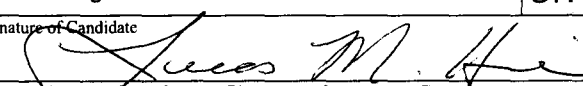
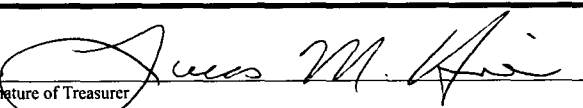


Designation of Treasurer

Prescribed by Secretary of State 07/05

| | | | |
|---|-----------------------------|---|--|
| Full Name of Committee Haire for Sharon Township Committee | | | |
| Street Address 790 Pingree Drive | | Telephone Number (614) 395-2676 | |
| City Worthington | | e-mail Address haireforsharontownship@gmail.com | |
| State OH | | Zip Code 43085 | |
| FAX Number | | | |
| Full Name of Treasurer Lucas Haire | | | |
| Street Address 790 Pingree Drive | | Telephone Number (614) 395-2676 | |
| City Worthington | | e-mail Address haireforsharontownship@gmail.com | |
| State OH | | Zip Code 43085 | |
| FAX Number | | | |
| Full Name of Deputy Treasurer (if any) | | | |
| Street Address | | Telephone Number | |
| City | | e-mail Address | |
| State OH | | Zip Code | |
| FAX Number | | | |
| Candidate's Campaign Committees Only | | | |
| Full Name of Candidate Lucas Haire | | | Party Affiliation/Independent/Non-Partisan |
| Street Address 790 Pingree Drive | | Office Sought Township Trustee | Subdivision/District Sharon |
| City Worthington | | State OH | Zip Code 43085 |
| Signature of Candidate  | | Election Year 2017 | |
| Date 08/16/2017 | | | |
| 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 of Treasurer

08/16/2017
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: _____