

Designation of Treasurer Prescribed by Secretary of State 07/05

Full Name of Committee Committee to Elect Victoria Newel		
Street Address	<u> </u>	1 1 1 1
55 S. High St. #210	Telephone Number (614) 348-9883	e-mail Address tmccash@columbus,rr.com
City	State Zip Code	FAX Number
Dublin	OH 43017	(614) 408-8367
Full Name of Treasurer		
Thomas McCash		
Street Address	Telephone Number	e-mail Address
55 S. High St. #210	(614) 348-9883	tmccash@columbus,rr.com
City Dublin	State Zip Code OH 43017	FAX Number (614) 408–8367
Full Name of Deputy Treasurer (if any)		
Street Address	Talashara Nambara	TAIL.
Sureet Address	Telephone Number	e-mail Address
City	State Zip Code	FAX Number
	ОН	
Candidate's Campaign Comm	ittees Only	
Full Name of Candidate		Party Affiliation/Independent/Non-Partisan
Victoria L. Newell		Non-partisan
Street Address	Office Sought	Subdivision/District
6864 Fallen Timber Dr.	Dublin City Council	Ward 2
City Dublin	State Zip Code OH 43017	Election Year 2017
Signature of Candidate	, 101.	Date
		9-11-17
Rolitical Action Committees O	Inly	
Is the PAC sponsored by a labor If Yes, name the sponsor		Acronym, if any
organization or corporation?		,
PAC Registration Number Authorized Signature	Date	List any affiliated PACs
Political Parties, Political Contributin	g Entities,	
or Legislative Campaign Funds Only		
Authorized Signature	Date	Ballot Issue PAC?
	_	Yes No
		9.11.17
Signature of Treaturer		Date
Reason(s) for filing this form:		
Original Designation of Treasurer/Acknowledge	owledgement of Appointment	
Change of Treasurer/Acknowledgement Designation or change of Deputy Treasurer	of Appointment	
	irer	
Change of Filing Location. The previous		
Change of Office Sought from	ιο	
Cother. Please explain:		