

Designation of Treasurer

Form 30-D

ORC 3517.10

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TYPE OF FILING: NEV	W UPDATE			TOMAS OF	, ,,				
COMMITTEE TYPE:	andidate		PCE	□ Ро	litical	Party	☐ Le	gisla	tive Campaign Fund
If update, please check the	appropriate reason(s):								
Change of Committee Name.	Prior Name was:	·							
Change of Filing Location.	Prior Location was: $\frac{56}{6}$	1 Heer	Heed New Location is:						
Change of Office Sought.	Previous Office Sought:		New Office Sought:						
Change of Treasurer Info	Designation or Cha	nge of D	eputy Tre	asurer Info					
Change of address/phone/ema	il for: Committee	\circ	Treasu	rer () Дері	uty Treasure	er () Ca	ndidate
Other Please Explain:	<u> </u>								
All Committees									
Full Name of Committee	BiRD								PAC # (if Updated)
Street Address			City				State	Zip	
Telephone			Email					1	e particular de la constantina della constantina
Treasurer Tom Fluction		Те	lephone			E	mail		
Street Address 6032 Ashtree			City	umbus			State	Zip Y ²	3224
Deputy Treasurer (if any)		Те	lephone			E	mail		
Street Address			City				State	Zip	
Candidate Committe	es Only							<u> </u>	
Full Name of Candidate					1	Email			
Street Address			City				State	Zip	
Office Sought & Subdivision/District			Party Affiliation/Independent/Non-Partisan					<u> </u>	Election Year
Political Action Com	mittees Only								<u> </u>
PAC is sponsored by: Labor Organization	If Sponsored, Name the Sponsor Acronyr						m Used (if any)		
Corporation	If Ballot Issue PAC, list issue								
Not Sponsored	1	A SELL S		205					
Is this a Ballot Issue PAC Yes No	PACs and PCEs Only	y Affiliate	ed PACs/F	CES					
	1/31/2018								
Signature of Treasurer or Deputy Tr	reasurer Date (MM/DD/YYYY)		Signatu	re of Cand	idate if	Candidate	Committe	ee	Date (MM/DD/YYYY)