

Designation of Treasurer Prescribed by Secretary of State 07/05

Full Name of Committee	MSS		FRAME OF CLEA	11.77
Street Address	Telephone	Number Q 1 721 N	e-mail Address	1
Cip of the Alone	State	Zip Code	FAX Number	vail-Q
Full Name of Treasurer	ОН	1 43213	J	
William Scarbrough				
Street Address 569 LW 2nd ave alt 4	Telephone 1		willscar brough 916) gmos
City Columbus	State OH	Zip Code 43201	FAX Number	<u> </u>
Full Name of Deputy Treasurer (if any)	011	13201		
Street Address	Telephone 1	Number	e-mail Address	
City	State	Zip Code	FAX Number	
Candidate's Campaign Committee	es Only			—
Full Name of Candidate MA (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Party Affiliation/Independent/Non-Partisan	
Street Address 970 NMHANIST BIVO	Office Sour	r Arlmaton	Subdivision/District	
City	State	Zip Code	Election Year	
Signature of Candidaye	ОП	1 40010	Date	
	·····		15/16/1/	
Political Action Committees Only Is the PAC sponsored by a labor If Yes, name the sponsor			Acronym, if any	
organization or corporation? No Yes.				
PAC Registration Number Authorized Signature		Date	List any affiliated PACs	
Political Parties, Political Contributing Ent	tities,			
or Legislative Campaign Funds Only Authorized Signature		Date	Ballot Issue PAC?	
Authorized Signature		Date	Yes No	
1. 61			16/17	
Signature of Treasurer			70/11	
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledgement of Ap	gement of	Appointment		
Designation or change of Deputy Treasurer	_			
Change of Committee name. The previous name	ne was: _			_
Change of Filing Location. The previous locat	ion was:			
The new location is	s:			
Change of Office Sought from		to		
Other. Please explain:				