

Designation of Treasurer

Form 30-D

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TYPE OF FILING: X NEW					***				
COMMITTEE TYPE: X Candi			OF FHTS	୍ୟ ା TIONS olitical Party	ها 🗆	gislative Camp	aian Fund		
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Change of Committee Name.	Dries Name								
Change of Filing Location.		New Location is:							
Change of Office Sought.	Previous Office Sought:	New Office Sought:							
Change of Treasurer Info Change of address/phone/email for: Other Please Explain:	Designation or Change Committee	of Deputy		fo Deputy Treas	surer (Candidate			
Full Name of Committee DREES for UA Schools			, ,			PAC # (if U	odated)		
Street Address 3781 Criswell Drive		City	/ lumbus		State OH	Zip 43220			
Telephone Email 614-459-8949 ndrees@columbus.rr.com									
reasurer Mark P. Murphy				Email mark@ma	Email mark@markmurphycpa.com				
Street Address 1051 Old Henderson Rd Suite A	City Columbus			State OH	State Zip OH 43220				
Deputy Treasurer (if any)	· (if any)			Telephone E			Email		
Street Address	Cit	City			State Zip				
Full Name of Candidate Nancy Drees				Email ndrees	@columbu	S.rr. com			
Street Address 3781 Criswell Drive		City Columbus			Zip 43220				
Office Sought Upper Arlington Board of Education	Subdivision/District Upper Arlington			Party Affiliation/I non partisan		pendent/Non-Partisan Election Year 2019			
		a (************************************	A STATE OF		200				
Labor Organization	or Organization				A	Acronym Used (if an	y)		
O Not Sponsored	If Ballot Issue PAC, list issue								
Is this a Ballot Issue PAC O Yes O No	List any Aff	iliated PA(Cs/PCEs						
Signature of Treasurer or Deputy Treasure	06/26/2019 er Date (MM/DD/YYYY)	Sign	ature of Car	(CL)	LL ate Committe	Date (MM/I	27/20)		