

## **Designation of Treasurer**

Form 30-D

ORC 3517 10

					ONO 3317.19
TYPE OF FILING: NEW	<b>UPDATE</b>				
COMMITTEE TYPE: Candid	late 🗌 PAC	PCE Po	litical Party	Legislative Can	npaign Fund
f update, please check the appr	opriate reason(s):				
Change of Committee Name.	Prior Name was:				
Change of Filing Location.	Prior Location was: New Location is:				
Change of Office Sought.	Previous Office Sought: New Office Sought:				
Change of Treasurer Info	Designation or Change	e of Deputy Treasurer Info			
Change of address/phone/email for:	Committee	Treasurer (	Deputy Treasurer	Candidate	
Other Please Explain:					
All Committees	The part of the second				da e e e e e e e e e e e e e e e e e e e
Full Name of Committee	Hee to El	lect Nadi	a Long	PAC#(if	Updated)   / <del>A</del>
Street Address 5659 Cowall (	Court	1	ard i		•
Telephone 614-800-8237		Email Khr	Financi II Egnail Com		
Treasurer Katherine	Meyer	Telephone  LA SOD	5237 Kh	mayer 11ea	mailico
Street Address 5659 Cowall	Court	City Hillia	ard i	State Zip 430	2φ
Deputy Treasurer (if any)		Telephone	phone Email		
Street Address		City		State Zip	
Full Name of Candidate			Email		
Street Address		City		State Zip	
Office Sought	Subdivision/Distri	ct	Party Affiliation/In	ndependent/Non-Partisal	n Election Year
PAC is sponsored by:  Calculation If Spor	sored, Name the Sponsor		Acronym Used (if any)		
· ·	t Issue PAC, list issue				
○ Not Sponsored  Is this a Ballot Issue PAC ○ Yes ○ No	List any A	ffiliated PACs/PCEs			
Sattern & Mony	111712019				
Signature of Treasurer or Deputy Treasurer	Date (MM/DD/YYYY)	Signature of Cond	idata if Candidata Can	D-1- (14)	A/DDAXXXX