Designation of Treasurer Prescribed by Secretary of State 07/05

| | | | Service de la companya del la companya de la compan | |
|---|------------------------------|--|--|-----------------|
| Full Name of Committee | | | a | |
| Friends of ADAMH | | | | 32 5 11 |
| Street Address | Telephone Number | | | |
| 380 Polaris Parkway, Suite 300 | (614) 3 | 96-5793 | dlow@marzetti | COM |
| City Westerville | State OH | Zip Code 43082 | FAX Number | |
| Full Name of Treasurer | | ' | | |
| Daniel A. Low | | | | 5 0 |
| Street Address | Telephone Number | | e-mail Address | |
| 380 Polaris Parkway, Suite 300 | | 396-5793 | dlow@marzett | .com |
| City Westerville | State OH | Zip Code 43082 | FAX Number | |
| Full Name of Deputy Treasurer (if any) | | | | |
| Street Address | Telephone N | Number | e-mail Address | |
| | | | | |
| City | State OH | Zip Code | FAX Number | |
| Candidate's Campaign Committee | s Only | | | |
| Full Name of Candidate | Party Affiliation/Independen | Party Affiliation/Independent/Non-Partisan | | |
| | | | | |
| Street Address | Office Sought | | Subdivision/District | |
| City | State | Zip Code | Election Year | |
| | ОН | | | |
| Signature of Candidate | | | Date | |
| 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 Date | | List any affiliated PACs | |
| Political Parties, Political Contributing Ent | ities, | | | |
| or Legislative Campaign Funds Only | · | | | |
| Authorized Signature | | Date | Ballot Issue PAC? | es \square No |
| | | | | |
| (y) and A low | | | 3/27/2017 | |
| Signatuse of Treasurer | | | Date | |
| Reason(s) for filing this form: Original Designation of Treasurer/Acknowledge Change of Treasurer/Acknowledgement of Apple Designation or change of Deputy Treasurer Change of Address for Friends of ADAMH | gement of A pointment | | | |
| Change of Committee name. The previous name | ne was: | | | |
| Change of Filing Location. The previous location | | | | |
| The new location is | s: | | | |
| Change of Office Sought from | | | | |
| Other, Please explain: | | | | |