

Designation of Treasurer

Form 30-D

ORC 3517.10

TYPE OF FILING: X NEW	UPDATE JUL	26	PH 2: 44					
COMMITTEE TYPE: X Candid			CECTION Politic	al Party		Le	gislative Camp	aign Fund
If update, please check the appro	(3) 402 x 3 x 1 4 x x	n f	i filitie r	_	_		-	-
Change of Committee Name.	Prior Name was:							
Change of Filing Location.	Prior Location was:							
Change of Office Sought.	Previous Office Sought:	New Office Sought:						
Change of Treasurer Info	Designation or Change	of Dep	outy Treasurer Info					
Change of address/phone/email for: Other Please Explain:	Committee	0	Treasurer O	eputy Treas	urer) Candidate	
Full Name of Committee Friends of Sarah Ackman				A			PAC # (if U	odated)
Street Address			City		- 1	State	Zip	
752 Montrose Ave.			Bexley			ОН	43209	
Telephone 1-513-594-2238	Email Ackman			gmail.con	n			
Treasurer Nancy Bucci		ephone Em 3-708-9055 na			ail ncy.bucci2@gmail.com			
Street Address 110 E. Kossuth St.			City Columbus			State OH	Zip 43206	
Deputy Treasurer (if any)		Tele	ephone	•	Emai	l		
Street Address		L	City			State	Zip	
Candidate Committee ()			-16 10 24 (10 (10	· ·				
Full Name of Candidate Sarah Virginia Ackman		Email Ackman4action@gmail.com						
Street Address 752 Montrose Ave.			City Bexley			State OH	Zip 43209	
Office Sought School Board	Subdivision/District Bexley			Party Affilia Non-Part		depen	dent/Non-Partisan	Election Year 2019
O Labor Organization	sored, Name the Sponsor					A	cronym Used (if an	y)
Not Sponsored Is this a Ballot Issue PAC Yes No	List any Affi	iliated	PACs/PCEs			· · · · · ·		
Mancy LBucai Signature of Treasurer or Deputy Treasurer	7/26/19 Date (MM/DD/YYYY)		Signature of Candidat					26/2019 DDMYYY)