

Designation of Treasurer

NOV 1 3 2018

Form 30-D

ORC 3517.10

TYPE OF FILING: NEW Q UPDATE	Ohio Se	cretary of State				
COMMITTEE TYPE: 🛛 Candidate 📗 PAC	□ P	CE Politic	al Party	☐ Leg	islative Cam _l	paign Fund
If update, please check the appropriate reason(s):	*					
Change of Committee Name. Prior Name was:		:4		2		
Change of Filing Location. Prior Location was:		New Location is;				
Change of Office Sought. Previous Office Soug	ıht:	New Office Sought:				
Change of Treasurer Info Designation or C	hange of De	puty Treasurer Info				
Change of address/phone/email for:		_	eputy Treasurer	C) Candidate	
Other Please Explain:						
All Committees						
Full Name of Committee Friends for Tina Mahara					PAC # (If U	pdated)
Street Address High St. P.O Box &	73	Canal Wine				
Telephone 392-8683		friends	for tina	ima	gmail.	com
Treasurer	Tel	ephone	Em	all	Translation	
Aleanna Chindavona		14-900 -1 1city	284019	earm	achindav	onga mal
974 Robmener Dr		City 'S		State	437/17	Com
Deputy Treasurer (if any)	Tel	ephone	Em		1201	
Sopaly reduction (really)						
Street Address		City		State	Zlp	_
Candidate Committees Only						
Full Name of Candidate	Since making a share		Email	0	^	
Tina Maharath			Itriend:	stor-	ting me	gracil.com
Street Address 5609 Grender Rd.	4	Canal Wind	rester	State	43110	
Office Sought Subdivision/	District		Party Affiliation	/Independ	ent/Non-Partisan	Election Year
State Senate 3			Democ	rat	•	2018
Political Action Committees Only						
PAC is sponsored by: If Sponsored, Name the Sponsor			Acronym Used (if any)			
O Labor Organization						
O Corporation If Ballot Issue PAC, list Issue O Not Sponsored						
te this a Rallot Issue PAC	any Affiliater	PACs/PCEs				
O Yes O No					4	
[1]10/18		-2-2	ma		Tu / W	12019
Signature of Treasurer or Deputy Treasurer Date (MM/DD/YYY)	Y) [Signature of Candidat		ommittee		