## Designation of Treasurer . ILEU Prescribed by Secretary of State 07/05

All Committees Z014 Jan 17 171 2: 48					
Full Name of Committee  Committee for Chris Brown for	Judae		FRANKLIN COUNT	Y	
Street Address Telephone Number			BOARD OF FLECTIONS		
601 S. High St., 1st Floor	•	222-0023	cmbrownesq@gmail.com		
City Columbus	State OH	Zip Code 43215	FAX Number (614) 224-7101		
Full Name of Treasurer	<u> </u>				
Robert Barnhart					
Street Address 1230 Marlyn Drive	<b>-</b>		e-mail Address barnhart.robert@gmail.com		
Yity State		Zip Code	FAX Number	FAX Number	
Full Name of Deputy Treasurer (if any)	OH	43220	(614) 224-7101		
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Street Address		Number	e-mail Address	e-mail Address	
City	State OH	Zip Code	FAX Number		
Candidate's Campaign Com	mittees Only			_	
Full Name of Candidate Christopher M. Brown				Party Affiliation/Independent/Non-Partisan Democratic Party	
Street Address O		thi , Common Pleas	Subdivision/District Franklin County		
City Columbus	State OH	Zip Code 43209	Election Year O	i e	
Signature of l'andicate			Date 17/14		
Political Action Committees	Only		<del>-                                    </del>		
Is the PAC sponsored by a labor If Yes, name the sponsor organization or corporation?				Acronym, if any	
INo LiYes.  PAC Registration Number Authorized Signature	aber Authorized Signature		List any affiliated PACs	List any affiliated PACs	
   Political Parties, Political Contributi	na Entities		<del>_</del>		
or Legislative Campaign Funds Onl					
Authorized Signature		Date	Ballot Issue PAC?		
			Yes	ŮNo	
201 BOI		(	/17/2014		
Signature of Treasurer		Date	<del></del>		
Reason(s) for filing this form:  Original Designation of Treasurer/Ack Change of Treasurer/Acknowledgeme Designation or change of Deputy Trea Change of Address for	nt of Appointment surer				
Change of Committee name. The prev	ious name was: _				
Change of Filing Location. The previous	ous location was:				
· The new lo	ocation is:				
Change of Office Sought from					
Other. Please explain:					