

Designation of Treasurer Prescribed by Secretary of State 07/05

FILED

| All Committees - | d.v. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------|----------------------------------|---------------------------------|
| Full paine of Committee + Cicrols of State | cit | Duan | ROAR | NKLIN COUNTY 10: OF ELECTION |
| Street Address Street Address Sentins | Telephope N | per 1105 S | e-mail Address | NOW @Cres |
| Cn. Wireheard | State OH | zip Cod 3)10 | FAX Number | ì |
| Full Name of Treasurer, Stoci Hitward | · | | | |
| Street Address S Den Kins Or. | Tetephone N | -8371105 | e-mail Address Stoc., M. Tol | ward ech |
| cni. Winchester | State OH | Zip Code 3110 | FAX Number | |
| Full Name of Deputy Treasurer (if any) | | | | |
| Street Address | Telephone Number | | c-mail Address | |
| City | State OH | Zip Code | FAX Number | |
| Candidate's Campaign Committee | s Only | | | |
| Full Name of Candidate Stad Howard | | | Party Affiliation/Independent/No | n-Partisan |
| 1585 Enkins Or. | Office Sough | rd of Educe | Subdivision/District | |
| Cn. Winchester | State OH | Zip Code 43110 | Election Year | |
| Signature of Candidate + Duan | | | 81911 | |
| Political Action Committees Only | | | | |
| Is the PAC sponsored by a labor If Yes, name the sponsor organization or corporation? | _ | \ \ \ | | Acronym, if any |
| PAC Registration Number Authorized Signature | 1 | Date V | List any affiliated PACs | |
| Political Parties, Political Contributing Ention Legislative Campaign Funds Only | AND AND THE PARTY | | | |
| Authorized Signature | XXXXX. | Date | Ballot Issue PAC? | □No |
| SHOWAD | | 8 1 | 19/11 | |
| Signature of Treasurer | | Date | 1 4 4 4 4 | |
| Reason(s) for filing this form: Original Designation of Treasurer/Acknowledg Change of Treasurer/Acknowledgement of App Designation or change of Deputy Treasurer Change of Address for | ointment | ppointment | | |
| Change of Committee name. The previous nam | e was: | - <u> </u> | | |
| Change of Filing Location. The previous location | on was: _ | | | |
| The new location is | | | | |
| ☐ Change of Office Sought from | | to | | |
| 🗖 Other. Please explain: | | | | |