

Designation of Treasurer Prescribed by Secretary of State 07/05

All Committees				2017 F	FR-I PH I: RU
Full Name of Committee Friends of S	ch co anich	la C		ye se	
Friends of S Street Address	chregard	Telephone 1	Number	e-mail Address	NOF STEPTION
5809 Jasonway	DRIVE	614-	256-9556	friend sot schr	egardu swamai
city Hilliard		State OH	2ip Code 43026	FAX Number	7
Full Name of Treasurer Melissa U)		·			
Street Address	010	Telephone N		e-mail Address	
DROO FIGUR D	RIVE	State	570-5495 Zip.Code	FAX Number	ardus@gmail.c
Hilliard		OH	43026	TAX Number	
Full Name of Deputy Treasurer (if any)		******		•	
Street Address Telepho		Telephone N	Number	e-mail Address	***
City		State OH	Zip Code	FAX Number	
Candidate's Campaigr	Committees	Only		<u> </u>	
Full Name of Candidate				Party Affiliation/Independent/Non-Partisan	
Street Address	77	Office Soug	ht	Subdivision/District	
5809 Jasanway	DRIVE	Hilli	ard City Cource	At-large	
Hilliard -		State OH	Zip Code	Election Year 2017	
Signature of Candidate	TIMO -	_		Date	
Deitical Astill Carl	ittees Only			1 1311011/	
Political Action Commission of the PAC sponsored by a labor of Yes, name the	<u> </u>			, Ac	ronym, if any
organization or corporation?	-				
PAC Registration Number Authorized Sig	nature		Date	List any affiliated PACs	
Political Parties, Political Co	ntributing Entit	ies.			
or Legislative Campaign Fu	-	.1009			
Authorized Signature			Date	Ballot Issue PAC?	□ No
			I		L. INU
mussa M. Will	1		; /:	31/17	
Signature of Treasurer	/				
Reason(s) for filing this form:					
Original Designation of Trea Change of Treasurer/Acknow	vledgement of Appo	ment of A	Appointment		
Designation or change of De	puty Treasurer				_
☐ Change of Committee name.	The previous name	was:			
Change of Filing Location. T	he previous locatio	n was:			
Change of Office Sought fro					
Cother. Please explain:					