Designation of Treasurer Prescribed by Secretary of State 07/05

| All Committees | 2 1 4 4 4 | A Parket and the second | | |
|---|---|-------------------------|---|------------------|
| Full Name of Computation COMMITTEE TO EL | 41- | VALERIE (| D CMMING | · |
| Street Address | Telephone 1 | Number . 975.3973 | a mail Address | 86 |
| 116 5 HEMPSTERO RD | | | CHRISTOIPHERKEY | SEZ & GMAIL. |
| City WESTERVILLE | State OH | Zip Code 430Bl | FAX Number | |
| Full Name of Treasurer CHR 15TOPNER KEY. | SER_ | | | |
| Street Address 116 J. HEMPSTED RD | Telephone 1 | Number 975, 3973 | c-mail Address CHIZI STOPHER KEY | SER @ GMAIL . CO |
| City WESTERVILLE | State | Zip Code 4308 | FAX Number | |
| Full Name of Deputy Treasurer (if any) Valerie Baaksal Maci | Lean | -4 | | |
| ect Address Telephone Nui | | Number) 891-9900 | c-mail Address Valerie_Cumming@hotmer. | |
| city Westervine | State OH | Zip Code 43081 | FAX Number N (A | |
| Candidate's Campaign Committe | es Only | | | |
| Full Name of Candidate Valerie MacLean Cumming | | | Party Affiliation/Independent/Non-Pa | ortisan |
| Street Address | Office Soug | | Subdivision/District | |
| 618 S. Spring Road | | 1 council | Election Year | |
| Westerale | State OH | Zip Code 43081 | 2017 | |
| West ervice Signature of Candidate | <u></u> | <u> </u> | Date | |
| Nalne/Committees Only | - 200.00 | | 3/15/17 | |
| Political Action Committees Only s the PAC sponsored by a labor If Yes, name the sponsor organization or corporation? | | | Acr | onym, if any |
| AC Registration Number Authorized Signature | | Date | List any affiliated PACs | |
| Delical Design Delical Contains En | .tition | | | ł |
| Political Parties, Political Contributing Er or Legislative Campaign Funds Only | innes, | | | |
| Authorized Signature | · <u>· · · · · · · · · · · · · · · · · · </u> | Date | Ballot Issue PAC? | \square_{No} |
| | | <u> </u> | | |
| | | 31 | 16/2017 | |
| Signature of Tresulphi | | Date | | |
| Reason(s) for filing this form: Original Designation of Treasurer/Acknowle | daement of | Annointment | | |
| Change of Treasurer/Acknowledgement of A Designation or change of Deputy Treasurer | ppointment | | | _ |
| ☐ Change of Committee name. The previous na | ame was: | | | |
| Change of Filing Location. The previous loca | ation was: | | | |
| The new location | is: | | | |
| Change of Office Sought from | | | | |
| | | | | |