



# Designation of Treasurer

Form 30-D

ORC 3517.10

2019 JUL -2 PM 3:04

FRANKLIN COUNTY  
BOARD OF ELECTIONS

**TYPE OF FILING:** ☒ **NEW** ☐ **UPDATE**

**COMMITTEE TYPE:** ☒ **Candidate** ☐ **PAC** ☐ **PCE** ☐ **Political Party** ☐ **Legislative Campaign Fund**

**If update, please check the appropriate reason(s):**

☐ Change of Committee Name. Prior Name was: \_\_\_\_\_

☐ Change of Filing Location. Prior Location was: \_\_\_\_\_ New Location is: \_\_\_\_\_

☐ Change of Office Sought. Previous Office Sought: \_\_\_\_\_ New Office Sought: \_\_\_\_\_

☐ Change of Treasurer Info ☐ Designation or Change of Deputy Treasurer Info

☐ Change of address/phone/email for: ☐ Committee ☐ Treasurer ☐ Deputy Treasurer ☐ Candidate

☐ Other Please Explain: \_\_\_\_\_

**All Committees**

Full Name of Committee: Friends of Sandi Allen PAC # (if Updated): \_\_\_\_\_

Street Address: 6308 Valley Stream Dr City: Dublin State: OH Zip: 43017

Telephone: 614-519-1646 Email: allenfordublin@gmail.com

Treasurer: Thomas G. Sherrill Telephone: 614-306-7513 Email: tom.sherrill@gmail.com

Street Address: 2828 Wynnetree Court City: Hilliard State: OH Zip: 43026

Deputy Treasurer (if any): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Candidate Committees Only**

Full Name of Candidate: Sandra G Allen Email: allenfordublin@gmail.com

Street Address: 6308 Valley Stream Dr City: Dublin State: OH Zip: 43017

Office Sought: Dublin City Council Subdivision/District: At-Large Party Affiliation/Independent/Non-Partisan: Non-Partisan Election Year: 2019

**Political Action Committees Only**

PAC is sponsored by:  
☐ Labor Organization  
☐ Corporation  
☐ Not Sponsored

If Sponsored, Name the Sponsor: \_\_\_\_\_

If Ballot Issue PAC, list issue: \_\_\_\_\_

Acronym Used (if any): \_\_\_\_\_

Is this a Ballot Issue PAC  
☐ Yes ☐ No

**PACs and PCEs Only** List any Affiliated PACs/PCEs: \_\_\_\_\_

Thomas G. Sherrill 07/02/2019 Sandra G. Allen 07/02/2019  
Signature of Treasurer or Deputy Treasurer Date (MM/DD/YYYY) Signature of Candidate if Candidate Committee Date (MM/DD/YYYY)