Designation of Treasurer Prescribed by Secretary of State 07/05

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| All Committees | | | 2012 00 | | | |
|--|----------------|----------------------------------|--|-----------------|--|--|
| Full Name of Committee | | | 2013 JUL 19 | AM 10: 06 | | |
| Street Address | Trabella | | ÷- 1 | | | |
| 4090 UNICKI O.A | | 755-1,1,27 | Gmail Address ATTALITY C | FUNTY COM | | |
| City C | State | Zip Code | FAX Number | and other court | | |
| Grove City | OH | 43 (23 | 8 | | | |
| Bowismin R. BRACE | | | | | | |
| Surcer Address - HAUGHN Rd | Telephone N | imber - 195 – 667 Zip Code | benhroup be | mos, sounder | | |
| City Grave City | State O U | Zip Code | FAX Number | | | |
| Full Name of Deputy Treasurer (if any) | | | | | | |
| treet Address Telephone | | umber | e-mail Address | | | |
| City | State Zip Code | | FAX Number | | | |
| | | | | | | |
| Candidate's Campaign Committees Only | | | | | | |
| Full Name of Candidate | | | Party Affiliation/Independent/Mon-Partisan | | | |
| Laura Brady Lai | 10ff = 5=== | 1 | Subdivision/District | | | |
| Street Address 4594 Goodman Str City | / | Large City | SIMPLE VERNE PROPERTY | | | |
| Grove City | State OH | Zip Code 43123 | Election Year 2013 | | | |
| Signature of Capdidate | | Date | | | | |
| James Brack Janes 7/18/13 | | | | | | |
| Political Action Committees Only | _ | | | Acronym, if any | | |
| Is the PAC sponsored by a labor or same the sponsor or corporation? | | | | Acconym, u any | | |
| PAC Registration Number Authorized Signature | | Date | List any affiliated PACs | | | |
| D. P.C. at D. at an D. R.C. at Contribution For the contribution of the contribution o | | | | | | |
| Political Parties, Political Contributing Entities, or Legislative Campaign Funds Only | | | | | | |
| | | Date | Ballot Issue PAC? | | | |
| | | | ∐ Yes | □No | | |
| | | | 1.7 | | | |
| De-1/10/13 | | | | | | |
| Signature of Treasures Date | | | | | | |
| Réason(s) for filing this form: Original Designation of Treasurer/Acknowledgement of Appointment | | | | | | |
| ☐ Change of Treasurer/Acknowledgement of Appx | ointment | Lt | | | | |
| ☐ Designation or change of Deputy Treasurer ☐ Change of Address for | | | | | | |
| Change of Committee name. The previous name | | · | | | | |
| ☐ Change of Filing Location. The previous location was: | | | | | | |
| The new location is: | | | | | | |
| ☐ Change of Office Sought from | | | | | | |
| Other. Please explain: | | | | | | |