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R.C. 3517,10

## FC 8.0E. JULY 20, 2015

## Designation of Treasurer Prescribed by Secretary of State 07/05

All Committees				Contraction of the Contraction	
Full Name of Committee  Cot 12 CNS for (18	rk				
Street Address 4090 Haughn 1	2d G14	Number - 795 - 6627   Zip Code	e-mail Address  Den brac	e & benbrace, com	
City Grove City	State O H	, t	FAX Number 614 - 8	2 @ benbrase, com 20 -4 551	
Full Name of Treasurer  Benjamin R. B	Rrie				
Street Address	t Address Telephone		e-mail Address benbrace G	FAX Number	
City Grave City		2 - 795 - 6627   Zip Code   43125	614 - 32	614 - 820 - 4.551	
Full Name of Deputy Treasurer (if any)					
Street Address Telephon		umber e-mail Address			
City	State	Zip Code	FAX Number		
Candidate's Campaign C	Committees Only				
Full Name of Candidate SAMUEL Clark			1	Party Affiliation/Independent/Non-Partisan	
Street Address 5382 Forest Glan D	rive				
City Grave (ity	State	Zip Code +3123	Election Year 2013		
Signature of Candidate	la		Date		
Political Action Committee					
Is the PAC sponsored by a labor If Yes, name the sponganization or corporation?  No Yes.	NISOF	Date		Acronym, if any	
	amber Authorized Signature		List any affiliated PACs		
Political Parties, Political Cont or Legislative Campaign Fund	~			•	
Authorized Signature		Date	Ballot Issue PAC?	] Yes □ No	
Signature of Treasure		Dat	5/21/15		
Reason(s) for filing this form:  Original Designation of Treasur  Change of Treasurer/Acknowled  Designation or change of Deput  Change of Address for	igement of Appointment v Treasurer	1	<i>'</i>		
☐ Change of Committee name. Th	e previous name was: _				
☐ Change of Filing Location. The					
☐ Change of Office Sought from _					
Other. Please explain:					