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

14 APR 22 API 10: 03

All Committees					
Full Name of Committee	C. To +	 :/		BOARD	OF ELECTIONS
COMMITTEE FOR TRUTH Street Address			Number	e-mail Address	
5000 HAYES RD		614-	836-3363	DODA ILE YO AOL, Com FAX Number	
City		State	Zip Code	FAX Number	
GROVEPOR Full Name of Treasurer	1	UH	43125-9776		
UIRGINIA h	. DAILEY	Telephone 2	· · · · · ·	e-mail Address	
5000 HAYES RA				DODA/LE YOADL COM	
GROVE PORT		114	43/25-9976	The Number	
Full Name of Deputy Treasurer (if	any)	10 11	7,7-	. <u> </u>	
		F= 1 1 1		3.11	
Street Address		Telephone ?	Number	e-mail Address	
City		State	Zip Code	FAX Number	
Candidate's Campaign Committees Only					
Full Name of Candidate				Party Affiliation/Independent/Non-Partisan	
Street Address		Office Soug	ht	Subdivision/District	
City		State	Zip Code	Election Year	
Signature of Candidate				Date	
Political Action	Committees Only			1	
Is the PAC sponsored by a labor of Yes, name the sponsor organization or corporation?  Acronym, if any					
X No ☐ Yes.  PAC Registration Number A			Date	List any affiliated PACs	
Political Parties, Pol	itical Contributing En	tities,		7	
or Legislative Camp	aign Funds Only				
Authorized Signature			Date	Ballot Issue PAC?	res No
) (	X Dales		4/-	22-14	
Signature of Treasurer	- Nacel	<i></i>	Date	<i>VV</i> . 7	
☐ Change of Treasure	n of Treasurer/Acknowled r/Acknowledgement of Ap ngc of Deputy Treasurer	pointment	Appointment		
☐ Change of Committ	tee name. The previous nar	ne was: _			
☐ Change of Filing Location. The previous location was:					
The new location is:					
☐ Change of Office S	ought from				
Other. Please explai					