Designation of Treasurer Prescribed by Secretary of State 07/05

Full Name of Committee Citizens for Stephanie McClou	bl				
14 E Gay Street, 2nd FL	Telephone 614-2	Number 224-2929	e-mail Address StephaniebmcClord@hotm		
Columbus	State OH	Zip Code 43215	FAX Number 614. 694. 031/		
ull Name of Treasurer Kristin Rosan					
Telephone 614-2		Number 228-5800	e-mail Address krosan@madis	e-mail Address krosan@madisonrosan.com	
Columbus OF		Zip Code 43206	FAX Number 614-228-5601	FAX Number 614-228-5601	
full Name of Deputy Treasurer (if any)				<u></u>	
treet Address	Telephone	Number	e-mail Address		
City	OH State	Zip Code	FAX Number		
Candidate's Campaign Com	mittees Only				
'ull Name of Candidate Stephanie B McCloud		Party Affiliation/Independent/No Republican	Party Affiliation/Independent/Non-Partisan Republican		
912 Rosehill Road Office Sou Town		ship Trustee	Subdivision/District Truro Township	Subdivision/District Truro Township	
Reynoldsburg OH		Zip Code 43068	Election Year 2017		
7. 75. 55.150	n Cloud		Date S. 17.17		
Political Action Committees s the PAC sponsored by a labor If Yes, name the sponsor	Only			Acronym, if any	
rganization or corporation? ONo Oyes.				Actonym, it any	
AC Registration Number Authorized Signature	Authorized Signature		List any affiliated PACs		
Political Parties, Political Contribu	,				
r Legislative Campaign Funds Only uthorized Signature		Date	Ballot Issue PAC? Yes	ONo	
ignature of Treasurer		-3 Da	/31/17		
Leason(s) for filing this form: Original Designation of Treasurer/Acc Change of Treasurer/Acknowledgement Designation or change of Deputy Tre Change of Address for	ent of Appointment asurer				
OChange of Committee name. The pre	vious name was: _				
Change of Filing Location. The previous	ious location was:				
	location is:				
Change of Office Sought from Cou	nty Treasurer	to Towns	ship Trustee		
Other. Please explain:					