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

				2012 110 10 04 0	
Full Name of Committee	h ^	1116 1H			
Friends OT S	haron Telephone Num	Whitte	e-mail Address	BOARD OF ALFOTH	
5298 Solomon Ave	1 *	36 2426 Zip Code	Sharon 1	W@ AOL, COM	
ity C		-	FAX Number		
Uroveor I	OH .	43125			
JOHN I WHITTEN					
rect Address	Telephone Num		e-mail Address	0 0 1 0 1	
5298 Solomen Ave		836 2426 p Code	FAX Number	) aol. Con	
Groveport	ОН	43125			
all Name of Deputy Treasurer (if any)					
treet Address	Telephone Num	ber	e-mail Address		
	- la		FAX Number		
ity	State Zi	p Code	rax Number		
Candidate's Campaign Committe	ees Only	-,-,-,			
Ill Name of Candidate	1 1,16	·H	Party Affiliation/Independ	Party Affiliation/Independent/Non-Partisan	
reet Address Sharon H	Office Sought	Touch	2 Subdivision/District		
5298 Salamen Ave	1	Twish	Subdivision/District		
in t		ip Code	Election Year		
ignature of Capdidate		70100	Date C		
Sparon D. Whele	es-		8-9-17		
Political Action Committees Only	<u>Y</u>			[A :6	
the PAC sponsored by a labor reganization or corporation?				Acronym, if any	
TNo TYes.  AC Registration Number Authorized Signature	ā	ate	List any affiliated PACs		
	4.44				
Political Parties, Political Contributing E or Legislative Campaign Funds Only	ntities,				
uthorized Signature	D	ate	Ballot Issue PAC?		
				Yes X No	
Ook & white		S'	5-17		
gnature of Treasurer		Date	7-77		
eason(s) for filing this form:					
Original Designation of Treasurer/Acknowledgement of Acknowledgement o	edgement of Ap Appointment	pointment			
Designation or change of Deputy Treasurer					
Change of Committee name. The previous n					
Change of Filing Location. The previous location					
Change of Office Sought from		to			
Other, Please explain:					