Designation of Treasurer Prescribed by Secretary of State 5/05 PM 3: 04

RECEIVED

All Committees				Takkel and and and and and
Full Name of Committee				
Cheryl Brooks Sullivan Committee				
Street Address 1886 Berkeley Rd. P. O. Box 8342	Telephone Numb	er	E-Mail Add	lress
City Columbus	State H	Zip Code 43207 43:	203	FAX Number
Full Name of Treasurer				
Rev. Joel L. King, Jr.				
Street Address 651 Wavbaugh Dr	Telephone Numb	er 4-476-6714	E-Mail Add	
City	State	Zip Code	<u> vingh</u>	@aol.com FAX Number
Gahanna	$O \mid H$	43230		
Full Name of Deputy Treasurer (if any)				
Michelle S. Shank				
Street Address	Telephone Numb		E-Mail Add	
52 Governors Pl	State	1-253-7785 Zip Code	mssha	nk@ameritech.net FAX Number
^{City} Columbus	I O I H	43203		FAX Number
Candidate's Campaign Committees Only				
Full Name of Candidate				Party Affiliation/Independent/Non-Partisan
Street Address	Office Sought			Subdivision/District
City	State	Zip Code		Election Year
Signature of Candidate	Da	te		
Political Action Committees C				
	<u> </u>			
is the PAC sponsored by a labor lf Yes, name the sponsor				Acronym, if any
organization or corporation?				
PAC Registration Number Authorized Signature	<u>.</u>	Date		List any affiliated PACs
,				
Political Parties, Political Contributing Entities,				
Or Legislative Campaign Funds Only				
Authorized Signature & Keing !	Da	10 6-19-14		Ballot Isue PAC? Yes No
Michelle Shark dusty 6-19-16				
Signature of Treasurer Date				
The state of the state of	•			
Reason(s) for filing this form: Original Designation of Treasurer/Acknowledgement of Appointment				
Designation of new Treasurer/Acknowledgement of Appointment				
Designation or change of Deputy Treasurer				
Change of Address for				
Change of Committee name. The previous name was				
Change of filing location. The previous location was				
The new location isto				
Change of office sought fromtoto				