



Designation of Treasurer

Form 30-D

ORC 3517.10

TYPE OF FILING: NE	W UPDATE JAN Candidate PAC appropriate reason(s):	29 PM 1:03						
COMMITTEE TYPE:	Candidate PAC	PCE	Political Party	Leg	gislative Camp	aign Fund		
If update, please check the	appropriate reason(s):							
Change of Committee Name.	Prior Name was:							
Change of Filing Location.	Prior Location was:	Prior Location was:			New Location is:			
Change of Office Sought.	Previous Office Sought:		New Office Sought:					
Change of Treasurer Info	Designation or Chan	ge of Deputy Treasurer	Info					
Change of address/phone/email for: Committee Treasurer Deputy Treasurer Candidate								
Other Please Explain:						A		
All Committees								
Full Name of Committee FUTURE OF SUM	tC			PAC # (if U	pdated)			
Street Address		loga Falls	State 0 H	Zip JANS				
Telephone 330.819.0118	Email VISA K	Cuyanoga Falls OH 42025 Email Lisa Kot Stuteman @ gmail-com						
Treasurer USA Stutzman	1	Telephone	Fm					
Street Address	City	2 1 1 - 0 - 1 - 1 - 1 - 1			itate Zip OH AAUB			
Deputy Treasurer (if any)		Telephone	En	nail				
Street Address		City	City		te Zip			
Candidate Committe	es Only							
Full Name of Candidate		Email						
		To:			Ctata 7:-			
Street Address		City		State Zip				
Office Sought Subdivision		rict	Party Affiliation	Affiliation/Independent/Non-Partisan Election Year				
Political Action Com	mittees Only							
PAC is sponsored by: Labor Organization	If Sponsored, Name the Sponsor	onsored, Name the Sponsor			Acronym Used (if any)			
Corporation	Ballot Issue PAC, list issue							
Not Sponsored	,							
Is this a Ballot Issue PAC Yes No	PACs and PCEs Only	Affiliated PACs/PCEs	1					
	100140							
Signature of Treasurer of Deputy	reasurer Date (MM/DD/YYYY)	Simplify of C	andidate if Candidate (`itt-	e Date (MM/			