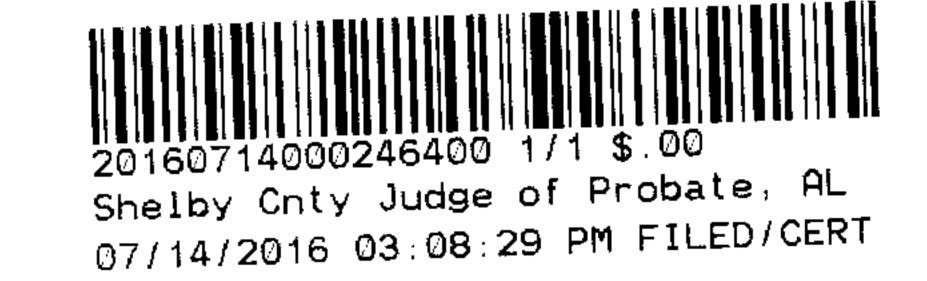
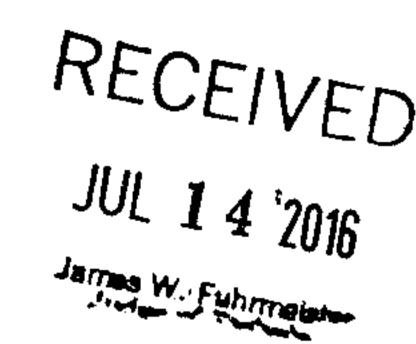
This form is due within five (5) calendar days of



Appointment of

municipal canidates file with their county's judge of probate.





Principal Campaign Committee Please print in ink or type.

Full Name of Candidate Russe Bedsole Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation Habaster City Council Ward 5 Email Address of the Candidate			reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an	
				bellsouth. net
Address of the Committee (street or post office box)			I appoint myself as the sole member of my principal campaign committee.	
417 Sterling	Park Cir			
City	State ZIP Co	de Telephone Number	as my principal campaign committee.	
Alabaster	AL 3500	7	as my principal campaign committee.	
hould be designated as the c	serve as your committee, you must hairperson of the committee. A second	cond member should be des	ers. You may appoint up to five members. One member signated as the treasurer. Please clearly print their names	
	Chairperson		Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box	<)	Address (street	or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Ap	pointee	
			Committee Member	
	nmittee Member	Full Name	Email Address	
Full Name	Email Address	Full Mairie		
Address (street or post office box	x)	Address (street	t or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Ap	pointee	
Con	nmittee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name	Email Address	
		Dena	Bedsole ambedsole Phelison	
Address (street or post office box	x)		t or post office box)	
		417 3	terling Park Cir	
City	State ZIP Code	City	State ZIP Code	
		Alabas	Ster AL 35007	
Signature of Appointee		Signature of Ar		
Candidates who choose to be committee <u>must</u> choose a despossibility of death or incapac		I campaign hereby swe	by the Alabama Fair Campaign Practices Act, I ear or affirm to the best of my knowledge and belief ormation contained herein is true and correct.	
Where to file this form State candidates file with the	Office of the Secretary of State. C	county and	2/13/16 Date	

Signature of elected official or candidate

Date