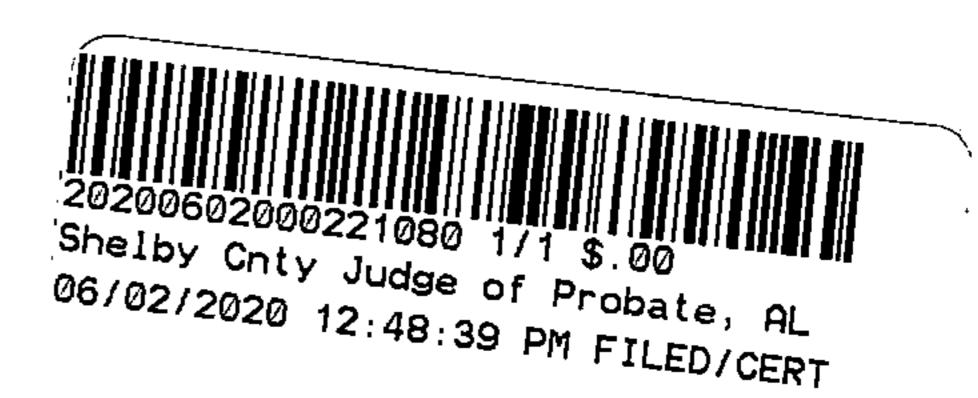


Office Sought (include district or circuit number, if applicable)

Full Name of Candidate

Appointment of Principal Campaign Committee



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

reaching the threshold amount, or within five (5)

independent candidate.

calendar days of qualifying with a political party, or

within five (5) calendar days of filing a petition as an

Type of Committee (check one)

I appoint myself as the sole member of my

principal campaign committee.

Please print in ink or type.

Political Party / Ballot Affiliation

City

City

Signature of Appointee

Signature of elected official or candidate

PELHAM CITY COUNCIL			NONZ	
Address of the Committee (street or	- ')		
1332 CALISTON W	/AY			
City	State		ZIP Code	Telephone Number
PELHAM	A.L	-	35124	
If you are appointing others to see should be designated as the charant addresses in the spaces belonged the character of death or incoming to see the character of	irperson of the ow. Each app e sole membe	e committed pointee <u>mus</u> er of their pr	e. A second st sign his d	d member should i or her name.
possibility of death or incapacitat		didate.		
	irperson		_	
Full Name	_	il Address		_ Full
RONALD GUY SCOTT	ROW. S	COTT & CITY	RIER. NE	
Address (street or post office box)	<i>.</i>			Add
City CAUSTON WAY	/ State	ZIP Code		City
PELHAM	A-1	3518	_	
Signature of Appointee	AA	<u> </u>	^ 7	Sigi
	ttee Memb	er		
Full Name		il Address		Fuli
Address (street or post office box)				Add
City	State	ZIP Code	9	City
Signature of Appointee				Sign
	14 a a MA a san la			
Full Name	ttee Memb	er ii Address		Full
		ii 7 laar coo		'"
Address (street or post office box)				Add
City	State	ZIP Cod	 e	City
Signature of Appointee				Sign

I hereby appoint the individuals listed below to act as my principal campaign committee. east two members. You may appoint up to five members. One member er should be designated as the treasurer. Please clearly print their names committee <u>must</u> choose a designee to dissolve the committee due to the Treasurer **Full Name Email Address** Address (street or post office box) State ZIP Code Signature of Appointee Committee Member Full Name Email Address Address (street or post office box) State ZIP Code Signature of Appointee **Committee Dissolution Designee** Email Address Full Name RON. SCOTT @ CHARTER NET Address (street or post office box) CALISTAN WAY

State

As required by the Alabama Fair Campaign Practices Act, I

that the information contained herein is true and correct.

hereby swear or affirm to the best of my knowledge and belief

ZIP Code

Dat∉

FORM REVISED 6.19.2017

Where to file this form ...

- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.álabamavotes.gov
- Municipal candidates file with the county judge of probate.
- * This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."