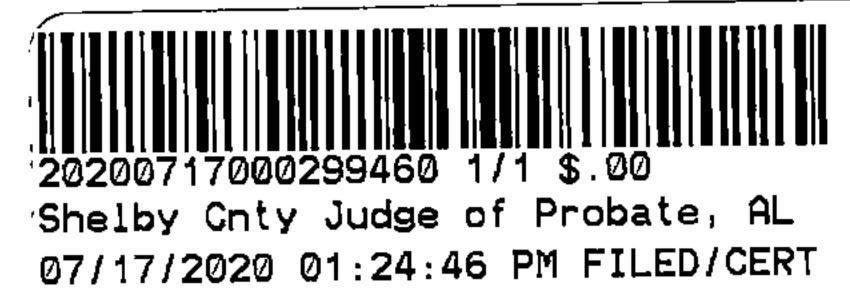


## Appointment of



## Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate  FRUEST MONTO MERY  Office, Sought (include district or circuit number, if applicable)  C; TY - COUNCI WAN (AT LAKE  Address of the Committee (street or post office box)  T. O. Soy 347  City  State  ZIP Code  Telephone Number  Al 35040  If you are appointing others to serve as your committee, you must select at least two members				reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filling a petition as an independent candidate.  Type of Committee (check one)  I appoint myself as the sole member of my principal campaign committee.  I hereby appoint the individuals listed below to act as my principal campaign committee.		
should be designated a	s the chairperson of the committee. A second reaces below. Each appointee <u>must</u> sign his or	member sh	rould be design			
	e to be the sole member of their principal camp capacitation of the candidate.	aign comn	nittee <u>must</u> che	oose a designee t	o dissolve the con	nmittee due to the
Chairperson			Treasurer			
Full Name	Email Address	F 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Full Name	•	Email A	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 A	Appointee		
· ·	· • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·	•
	Committee Member			Comn	nittee Member	
Full Name	Email Address		Full Name		Email A	Address
Address (street or post of	ffice box)		Address (stre	et or post office box	· ·	
City	State ZIP Code		City	¥ •	State	ZIP Code
Signature of Appointee			Signature of Appointee			
	Committee Member			Committee I	Dissolution De	sianee
Full Name	Email Address		Full Mame	,		Address
Address (street or post of	ffice box)		Address (stre	et or post office box		
City	State ZIP Code		City	<u>-</u>	State	ZIP Code
Signature of Appointee			Signature of		Until	muy
<ul> <li>County candidates</li> </ul>	le with the Office of the Secretary of State must file electronically at	<b>*</b>	hereby swe	ear or affirm to the		Practices Act, I owledge and belief and correct.
fcpa.álabamavotes			1	1000		
•	es file with the county judge of probate.		1 /	A///	tonen.	/ 117-16-2
* This form does not file electronically, vis "Committee Registra	establish electronic filing. To it fcpa.alabamavotes.gov and click ation."	-	Signature of	elected official or o	endidate	Date FORM REVISED 6.19.2017