

Area Commission Membership Registration

	A	B	C
1	FIELD Legistar <u>Franklinton AC</u> (enter the name of the Commission)	CURRENT INFORMATION Legistar <u>Change of address/tele number</u> (note action required - appointment, reappointment, resignation, informational change notes)	NEW INFORMATION (1) Please print new information clearly, OR (2) Place a “check” in these boxes if member is re-elected and information is unchanged (3) Do not forget to update “Term Expiration” for re-elected members
2	First Name	Ami	X (No change)
3	Last Name	Peacock	
4	Title	Commissioner	
5	Address	777 W. State Street	
6	City	Columbus	
7	State	OH	
8	Zip Code	43222	
9	Home Telephone		
10	Work Telephone	614-234-4360	
11	Fax Number		
12	Email Address	ami.peacock@mchs.com	
13	District/Designation	Appointed	
14	Term Start Date	10-31-16	
15	Term Expiration	10-31-18	
16	Seat Succession	Cheryl Mace	

Short Bio: Ami will serve as the representative for Mt .Carmel West Hospital on the Franklinton Area Commission.