within five (5) calendar days of

bld amount, or within five (5)

palifying with a political party, or

the days of filing a petition as an

1 1716 30(1) 1 B

reaching me

calendar de

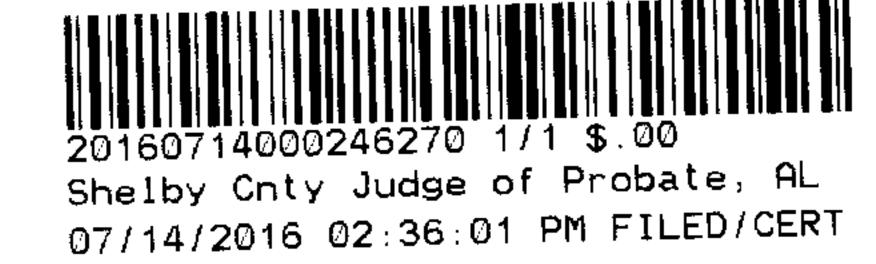
that the information contained herein is true and correct.

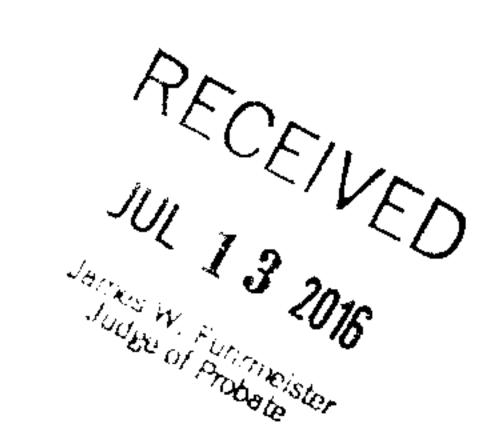
TORM REVISED 1 28 2616

Signature of elected official or candidate

## Appointment of

Full Name of Candidate





## Principal Campaign Committee

Please print in ink or type.

committee must choose a designee to dissolve the committee due to the

State candidates file with the Office of the Secretary of State. County and

possibility of death or incapacitation of the candidate.

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

Where to file this form

Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation  COUNCIL - MEMBER (AT LARGE)  Email Address of the Candidate  ERNAZ MONT-(G) AO COM.  Address of the Committee (street or post office box)			within five and an independent candidate.  Type of Committee (check one)  I appoint myself as the sole member of my principal campaign committee.				
				City State ZIP Code Telephone Nun			I hereby appoint the individuals listed below to act as my principal campaign committee.
				should be designated as	· · · · · · · · · · · · · · · · · · ·	mber should be desig	s. You may appoint up to five members. One member inated as the treasurer. Please clearly print their names
	Chairperson		Treasurer				
Full Name	BAILEY Email Address	Foll Name  A/U;  J	Calvin Morgan				
Address (street orpgist office fox)  224 ree K Stone TRA			Address (street or post office box)  131 Herm Hage LN				
City State ZIP Code  AL 35040		City A/	City Alera State Al ZIP Code 35040				
Signature of Appointee	inta Saller	Signature of Appo	intee  20/				
	Committee Member		Committee Member				
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 Appo	ointee				
	Committee Member		Committee Dissolution Designee				
Full Name	Email Address	Full Name	Email Address				
Address (street or post office box)		Address (street o	Address (street or post office box)				
City	State ZIP Code	City	State SP Code				
Signature of Appointee		Signature of Appr	Signature of Appointee				
	he dissolution designee to be the sole member of their principal campain	•	y the Alabama Fair Campaign Practices Act, I or affirm to the best of my knowledge and belief				