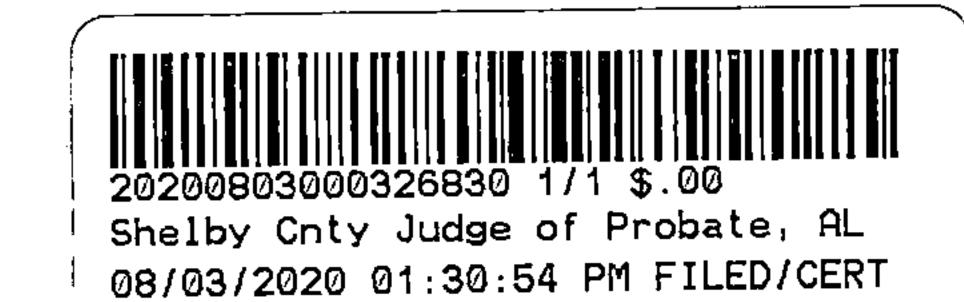


Appointment of Principal Campaign Committee



Please print in ink or type. This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation independent candidate. Type of Committee (check one) Email Address of the Candidate appoint myself as the sole member of my Address of the Committee (street or post office box) principal campaign committee. I hereby appoint the individuals listed below to act Telephone Number ZIP Code City State as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

		· · · · · · · · · · · · · · · · · · ·	
Chairperson		Treasurer	
Full Name Email Address		Full Name	Email Address
Address (street or post office box)		Address (street or p	ost office box)
City State ZIP Code	,	City	State ZIP Code
Signature of Appointee	·,	Signature of Appoint	tee
Committee Member	,		Committee Member
Full Name Email Address		Full Name	Email Address
Address (street or post office box)		Address (street or p	ost office box)
City State ZIP Code		City	State ZIP Code
Signature of Appointee		Signature of Appoin	tee
Committee Wember		The Co	mmittee Dissolution Designee
Full Name Email Address		Full Name	Email Address
Address (street or post office box)		Address (street or p	ost office box)
City State ZIP Code		City	State ZIP Code
Signature of Appointee		Signature of Appoin	itee

A note regarding the dissolution designee ...

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Where to file this form ...

State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official excandidate

7/27/20 20 Date