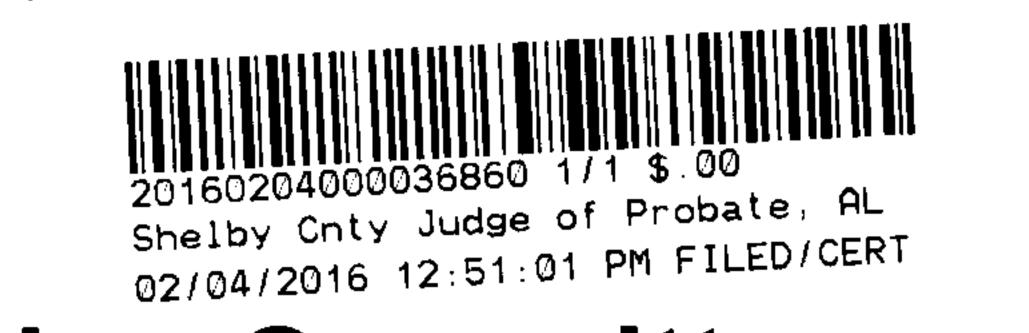
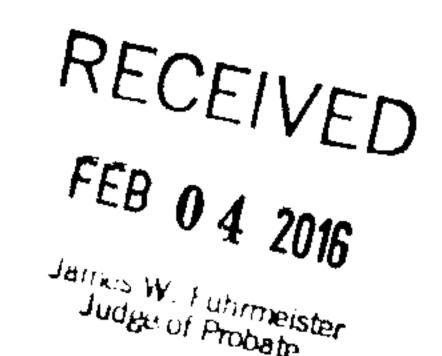


Appointment of





FORM REVISED 1.28,2016

Principal Campaign Committee

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

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

Please print in ink or type. Full Name of Candidate Christopher Cody Sumners				This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an							
						Office Sought (include district o			al Party / Ballot Affiliation	independent candidate.	ays or ming a polition as an
						Chelsea City Council Place # Email Address of the Candidate				Type of Committee (check one)	
Sumnerscitycou	ncil@yahoo.co	M		│	he sole member of my						
Address of the Committee (stre	et or post office box)			principal campaign of							
P.O. Box 102			Tolombono Munchon		individuals listed below to act						
City			Telephone Number	as my principal campaign committee.							
Chelsea	Mapama	35043									
• • • • • • • • • • • • • • • • • • • •	chairperson of the com	mittee. A secon	d member should be desig	s. You may appoint up to five inated as the treasurer. Pleas							
Chairperson				Treasurer							
Full Name	Email A	ddress	Full Name		Email Address						
Address (street or post office box)			Address (street o	Address (street or post office box)							
City	State ZIF	² Code	City	State	ZIP Code						
					1						
Signature of Appointee			Signature of Appo	Signature of Appointee							
Со	mmittee Member			Committee Member							
Full Name	Email A	ddress	Full Name		Email Address						
Address (street or post office b	ox)		Address (street o	r post office box)							
				· · · · · · · · · · · · · · · · · · ·							
City	State ZIF	P Code	City	State	ZIP Code						
	<u></u>	·			4						
Signature of Appointee			Signature of Appo	ointee							
		· · · · · · · · · · · · · · · · · · ·									
	mmittee Member			Committee Dissolution Designee							
Full Name	Email A	aaress	Full Name		Email Address						
A					Osealestate matrix.com						
Address (street or post office box)			1	Address (street or post office box)							
	O4-4- 715			de Vista Way							
City	State ZIF	^o Code	City	State Juli	ZIP Code						
Cianatura of Appaints a			Chelsea	Alabama	35043						
Signature of Appointee			Signature of Appo	ointee							
<u></u>			- Land	11 logo Iles							
A note regarding the	dissolution design	nee	As required b	y the Alabama Fair Camp	aign Practices Act, I						
Candidates who choose to b		•	mpaign hereby <mark>swea</mark> i	r or affirm to the best of m	y knowledge and belief						
committee <u>must</u> choose a depossibility of death or incapa			that the inforr	nation contained herein is	true and correct.						
Where to file this forn				1,	! :						
AATIOLG TO HIG THIS TOLL	11				/ /						