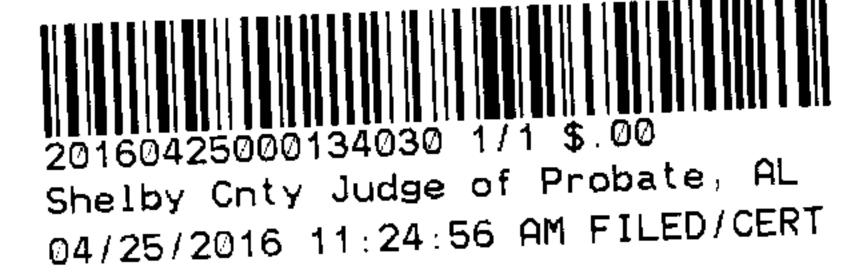


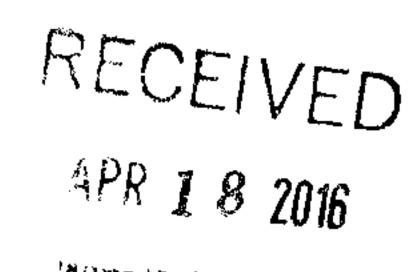
Appointment of

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.





Principal Campaign Committee

Please print in ink or type.			This form is due within five (5) calendar days of	
Full Name of Candidate 5 6 Office Sought (include district or circ	cuit number, if applicable) Political F	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 independent candidate. Type of Committee (check one)		
Email Address of the Candidate	Council Place a			
Address of the Committee (street or post office box) 398 Chassar Dr 5te 1			I appoint myself as the sole member of my principal campaign committee.	
City Chelsen	State ZiP Code To 35043	elephone Number	I hereby appoint the individuals listed below to a as my principal campaign committee.	ıct
should be designated as the cha		nember should be desig	s. You may appoint up to five members. One member gnated as the treasurer. Please clearly print their names	
CI	hairperson		Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street o	r post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appo	pintee	
Comr	nittee Member		Committee Member	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street o	r post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appo		
Comn	nittee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name TEFFEE	Email Address MUENTON JUNGULTON BLIL	Bry Frence
Address (street or post office box)		Address (street o		
City	State ZIP Code	BiRMind	State ZIP Code	
Signature of Appointee		Signature of Appo		
	e sole member of their principal camp nee to dissolve the committee due to t	aign hereby swear	by the Alabama Fair Campaign Practices Act, I r or affirm to the best of my knowledge and belief mation contained herein is true and correct.	>

Signature of elected official or candidate

FORM REVISED 1.28.2016

Date