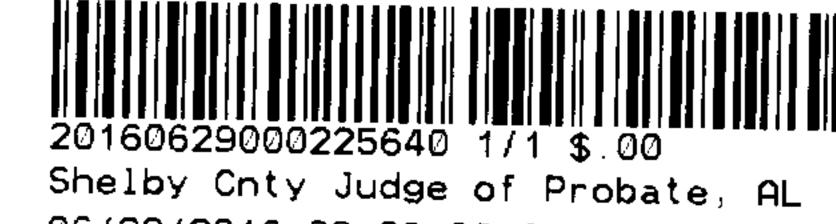
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Principal Campaign Committee

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 MARNI within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) independent candidate. y Draw Type of Committee (check one) Email Address of the Candidate I appoint myself as the sole member of my Address of the Committee (street or post office box) principal campaign committee. 2834 Altodona So Way

City

Birminghorn Al 35244 ZIP Code | Telephone Number I hereby appoint the individuals listed below to act 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. reasurer Chairperson **Full Name Email Address Full Name Email Address** Address (street or post office box) Address (street or post office box) ZIP Code City State ZIP Code City State Signature of Appointee Signature of Appointee Committee Member Committee Member **Full Name Full Name Email Address Email Address** Address (street or post office box) Address (street or post office box) ZIP Code City ZIP Code State City State Signature of Appointee Signature of Appointee Committee Member Committee Dissolution Designee **Full Name Email Address Full Name Email Address** Address (street or post office box) Address (street or post office box) City ZIP Code ZIP Code State City State Signature of Appointee Signature of Appointee

A note regarding the dissolution designee ...

Candidates who choose to be the sole member of their principal campaign committee must 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

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.