

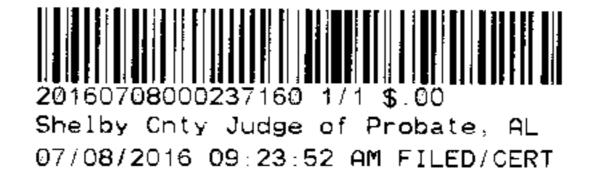
Appointment of

possibility of death or incapacitation of the candidate.

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

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

Where to file this form ...





Principal Campaign Committee

	Please print in ink or type.	This form is due within &	va (5) galandar dava of		
Full Name of Candidate Philip Lane Busby			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 or circuit number, if applicable) Political Party / Ballot Affiliation Council member			independent candidate.	ayo or many a potanon ao an	
Email Address of the Candidate	ber		T		
			lype of Con	nnittee (check one)	
PBusby a guikeete.com Address of the Committee (street or post office box)			appoint myself as the sole member of my principal campaign committee.		
			principal campaign	committee.	
338 SAVannak	- CIR_				
Calera	State ZIP Code AL 35040	<u> </u>		I hereby appoint the individuals listed below to act as my principal campaign committee.	
should be designated as the o	serve as your committee, you must so hairperson of the committee. A second below. Each appointee must sign his o	d member should be desi	rs. You may appoint up to fiv gnated as the treasurer. Plea	e members. One member se clearly print their names	
	Chairperson		Treasurer	Stanton on the second of the control	
Full Name	Email Address	Full Name		Email Address	
Address (street or post office box	δ)	Address (street			
, and the following post office post	7	Address (street o	Address (street or post office box)		
City	State ZIP Code				
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Signature of Appointee		Signature of App	ointee		
Con	nmittee Member		Committee Mei	nher	
Full Name Email Address		Full Name	Committee		
	Email / touress	I div Marite		Email Address	
Address (street or post office box	(i)	Address (street o	or post office box)		
	·				
City	State ZIP Code	City	State -	ZIP Code	
Signature of Appointee		Signature of App	ointeo		
, organiare orrappointes		Signature of App	ontee		
Con	mittee Member		Committee Dissoluțio	n Designee	
Full Name	Email Address	Full Name		Email Address,	
		Starkonia	Marie Busby	SBUSDY QU AMERICAN BUSICOM	
Address (street or post office box	}	'	·	HARRICAN DUS COM	
i in a local (ottobro) pod (ottobro)	,	·	or post office box)		
		1550 JA	VERNALL CIR		
City	State ZIP Code	City	State	ZIP Code	
		Calera	, A (35040	
Signature of Appointee	· · · · · · · · · · · · · · · · · ·	Signature of App	ointee		
			\mathcal{M}_{\bullet}		
		- Myha	w 1 was phys		
A note regarding the di	ssolution designee	As required b	y the Alabama Fair Camp	aign Practices Act. I	
Candidates who choose to be	the sole member of their principal can		r or affirm to the best of m	-	
committee <i>must</i> choose a desi	gnee to dissolve the committee due to	-	nation contained herein is	•	

Signature of elected official or candidate

Date