



RECEIVED JUL 08 2016

Appointment of Principal Campaign Committee

Diagon print in ink or tuno

Full Name of Candidate, DAPHA MOORE Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation District Two Council			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	
			Email Address of the Candidat	:e
bmoore @shelbycomputer.NEt			I appoint myself as the sole member of my	
Address of the Committee (str	eet or post office box) 104 25 - P. 6 Box/ 8	973	principal campaign committee.	
Columbiaux	State 3505) 1	elephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.	
should be designated as the	to serve as your committee, you must sele chairperson of the committee. A second no s below. Each appointee must sign his or l	nember should be desi	rs. You may appoint up to five members. One member gnated as the treasurer. Please clearly print their names	
	Chairperson		Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of App	ointee	
C	ommittee Member		Committee Member	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office	box)	Address (street	or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of App	Signature of Appointee	
Ca	ommittee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office	box)	Address (street	or post office box) 9 Hwy Z5 Po BN 893	
City	State ZIP Code	City	State ZIP Code 614N4, A1 35051	
Signature of Appointee		Signature of Apr		

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 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.