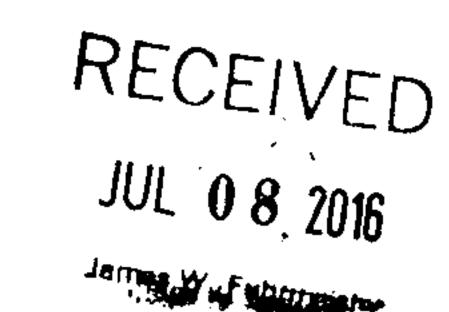
This form is due within five (5) calendar days of







## Principal Campaign Committee

Please print in ink or type.

Office Sought (include district or city)  Email Address of the Candidate  Runful Model  Address of the Committee (street of Science)  City  City  Model vullo  If you are appointing others to see should be designated as the characteristics.	District 1  Bellsouth Net  or post office box)  A State 35/15  serve as your committee, you must se	Telephone Number  lect at least two members member should be design	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)  I appoint myself as the sole member of my principal campaign committee.  I hereby appoint the individuals listed below to act as my principal campaign committee.  You may appoint up to five members. One member nated as the treasurer. Please clearly print their names	
C	hairperson		Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street or	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appo	pintee	
Committee Member			Committee Member	
Fuli Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street or	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appo	Signature of Appointee	
Com	mittee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street or	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appo	ointee	
A note regarding the di	ssolution designee	As required b	y the Alabama Fair Campaign Practices Act, I	

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.

hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate