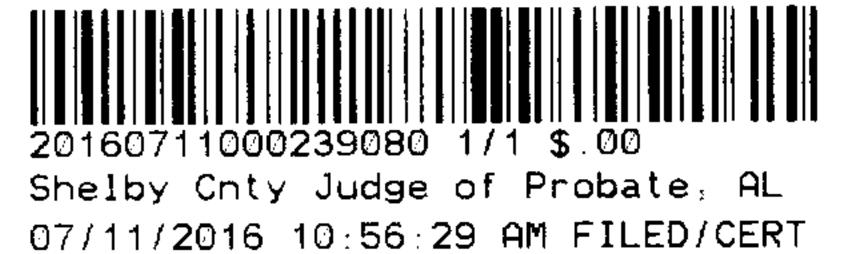


Appointment of



RECEIVED

JUL - 8 2016

James Wolf whompister

Principal Campaign Committee

Please print in ink or type.			This form is due within five (5) calendar days of	
Full Name of Candidate			reaching the threshold amount, or within five (5)	
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation			calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.	
				sea City Cour
Email Address of the Car			Type of Committee (check one)	
Tiffon	-biteyahou.com		1 appoint mysolf so the sole member of my	
Address of the Committee (street or post office box)			appoint myself as the sole member of my principal campaign committee.	
1063 Kino			principal campaign committee.	
City State ZIP Code Telephone Number AL 35043			I hereby appoint the individuals listed below to act	
			as my principal campaign committee.	
should be designated a	hers to serve as your committee, you must se is the chairperson of the committee. A second paces below. Each appointee must sign his o	l member 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 o	Address (street or post office box)	
City	State ZIP Code			
		City	State ZIP Code	
Signature of Appointee		Signature of App	Signature of Appointee	
Committee Member		Committee Member		
Full Name	Email Address	Full Name	Email Address	
Address (street or post of	fice box)	Address (street o	Address (street or post office box)	
City.	State ZIP Code	City	State ZIP Code	
City	State Zir Code		Otate Zii Code	
Signature of Appointee		Signature of App	Signature of Appointee	
	Committee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name	Email Address	
		Tan: 1	H. Bithner DH-bittnerayah	
Address (street or nest of	fice hav			
Address (street or post office box)		<u> </u>	Address (street or post office box)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Kingston Rd AL 35043	
City	State ZIP Code	City Chels	State ZIP Code	
Signature of Appointee	, , , , , , , , , , , , , , , , , , , 	Signature of App	ointee /	
			7)) #	
				
note regarding t	the dissolution designee	As required b	the Alabama Fair Campaign Practices Act, I	
		, ,, , , , , , , , , , , , , , , , , , ,		

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.

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.

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.

Signature of elected official or candidate

Date