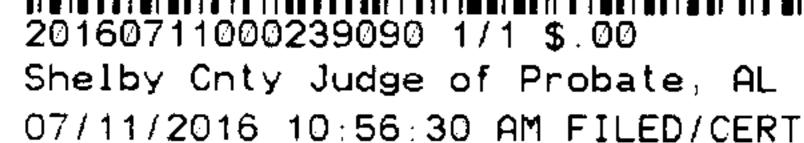
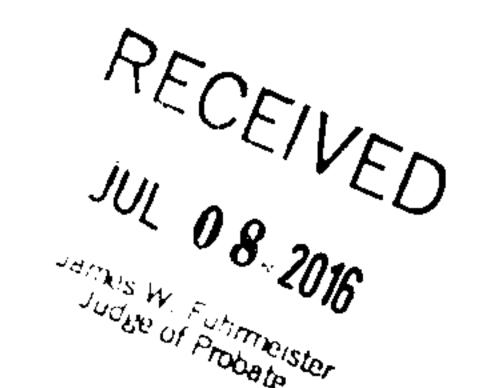


## Appointment of







## 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 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. MAY OR 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. I hereby appoint the individuals listed below to act Telephone Number ZIP Code City State as my principal campaign committee. Qla. 2051 myens 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. Chairperson Treasurer Full Name Email Address Email Address Full Name Address (street or post office box) Address (street or post office box) State ZIP Code City 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 ZIP Code State City City State Signature of Appointee Signature of Appointee **Committee Dissolution Designee Committee Member Email Address** Full Name Email Address Full Name my pret 17m54D Address (street or post office box) Address (street or post office box) O Box 878 City ZIP Code ZIP Code City State State 3505 AMSI MAN Signature of Appointee Signature of Appointee Tourden A note regarding the dissolution designee ... As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief Candidates who choose to be the sole member of their principal campaign that the information contained herein is true and correct. committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Signature of elected official or 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.