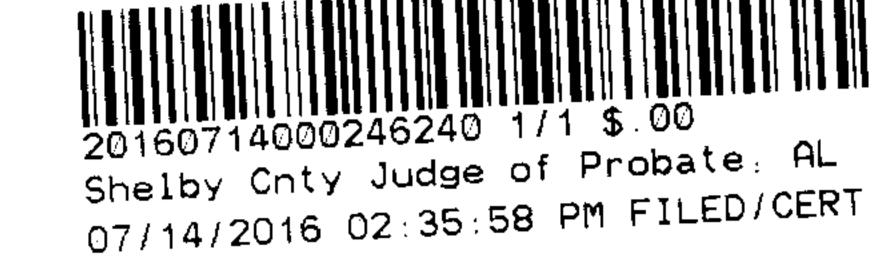
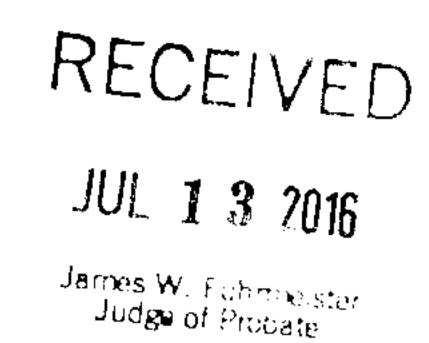


Appointment of





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 MONIS 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)

Town Council of Wilsonwille Political Party / Ballot Affiliation independent candidate. Type of Committee (check one) Email Address of the Candidate appoint myself as the sole member of my Address of the Committee (street or post office box) principal campaign committee. 460 River Drive Sity Wilsonville I hereby appoint the individuals listed below to act Telephone Number ZIP Code City State as my principal campaign committee. 35186 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 Full Name **Email Address** Email Address Address (street or post office box) Address (street or post office box) City ZIP Code State City State ZIP Code 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) City ZIP Code City State State ZIP Code Signature of Appointee Signature of Appointee **Committee Dissolution Designee Committee Member Email Address** Full Name Full Name Email Address Address (street or post office box) Address (street or post office box) City ZIP Code ZIP Code City State State Signature of Appointee Signature of Appointee

A note regarding the dissolution designee ...

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> 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.

Signature of elected official or candidate