

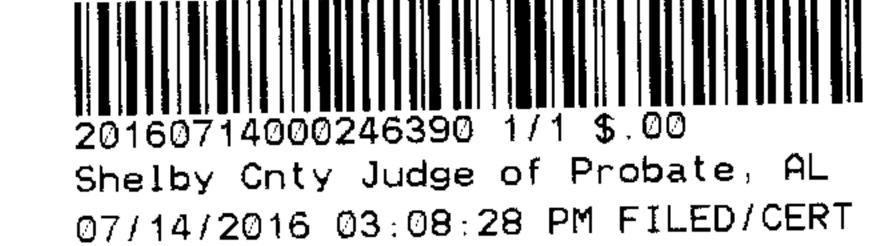
Appointment of

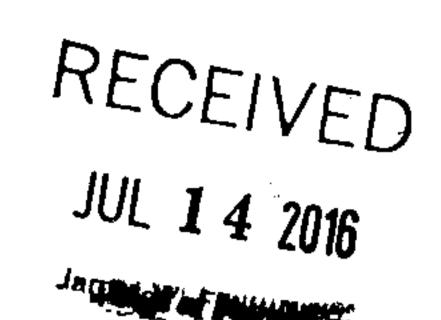
possibility of death or incapacitation of the candidate.

municipal canidates file with their county's judge of probate.

State candidates file with the Office of the Secretary of State. County and

Where to file this form ...





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 Office Sought (include district or circuit number, if applicable) Political/Party / Ballot Affiliation independent candidate. Type of Committee (check one) Email Address of the Candidate RR 52157@ 115N, COM I appoint myself as the sole member of my Address of the Committee (street or post office box) , rincipal campaign committee. I hereby appoint the individuals listed below to act Telephone Number ZIP Code as my principal campaign committee. 35007 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. Treasurer Chairperson Email Address Full Name **Email Address Full Name** Address (street or post office box) Address (street or post office box) ZIP Code State City ZIP Code City State Signature of Appointee Signature of Appointee Committee Member **Committee Member Email Address Full Name Email Address** Full Name Address (street or post office box) Address (street or post office box) State ZIP Code City ZIP Code State City Signature of Appointee Signature of Appointee **Committee Dissolution Designee** Committee Member Email Address Email Address Full Name **Full Name** Address (street or post office box) Address (street or post office box) State ZIP Code ZIP Code State City Signature of Appointee Signature of Appointee As required by the Alabama Fair Campaign Practices Act, I A note regarding the dissolution designee ... 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

Signature of elected official or candidate

Date

FORM REVISED 1.28.2016