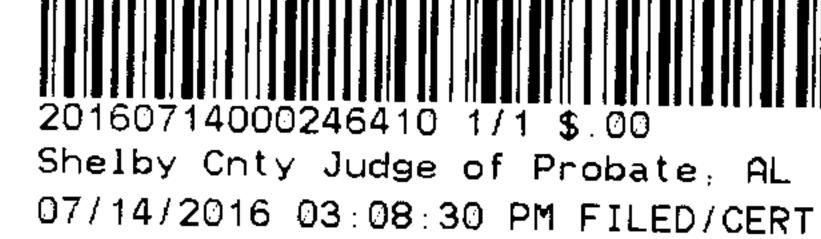
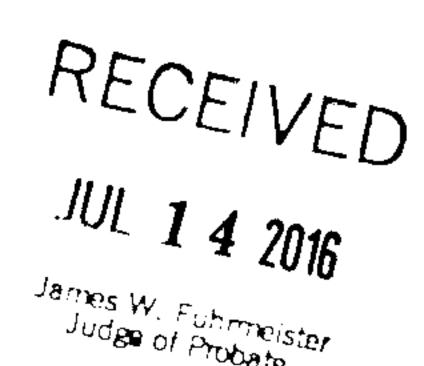
Appointment of

Where to file this form ...

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

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





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

Principal Campaign Committee

Please print in ink or type.

Office Sought (include district or circuit number, if applicable) Email Address of the Candidate Office Sought (include district or circuit number, if applicable) Email Address of the Candidate Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation Comparison of the Committee (street or post office box) Address of the Committee (street or post office box) City State ZIP Code Telephone Number Should be designated as the chairperson of the committee. A second member should be designant addresses in the spaces below. Each appointee must sign his or her name.			
	airperson		Treasurer
Full Name	Email Address	Full Name	Email Address
Address (street or post office box)		Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		Signature of Appo	ointee
Comm	ittee Member		Committee Member
Full Name	Email Address	Full Name	Email Address
Address (street or post office box)		Address (street or	r post office box)
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		Signature of Appo	ointee
Comm	ittee Member		Committee Dissolution Designee
Full Name	Email Address	Full Name	V. Johnson twit gamal con
Address (street or post office box)		Address (street of	post office box)
City	State ZIP Code	City	State ZIP Code OVI 6 7 35186
Signature of Appointee		Signature of Appo	
	sole member of their principal campaignee to dissolve the committee due to the	n hereby swear	y the Alabama Fair Campaign Practices Act, I or affirm to the best of my knowledge and belief nation contained herein is true and correct.