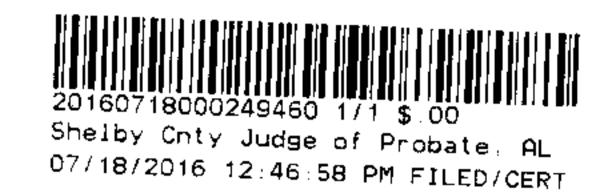


Where to file this form ...

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

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

Appointment of Principal Campaign Committee



Please print in ink or type.	This form is due within five (5) calendar days of
Office Sought (include district or circuit number, if applicable) Political Party	reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.
Email Address of the Candidate	Type of Committee (check one)
Address of the Committee (street or post office box)	I appoint myself as the sole member of my principal campaign committee.
City (d) (ii) 5) 1,195 State / 35124 Teleph	as my principal campaign committee.
If you are appointing others to serve as your committee, you must select at should be designated as the chairperson of the committee. A second member and addresses in the spaces below. Each appointee must sign his or her re-	per should be designated 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 or post office box)
City State ZIP Code	City State ZIP Code
Signature of Appointee	Signature of Appointee
	<u> </u>
Committee Member	Committee Member
Full Name Email Address	Full Name Email Address
Full Name Email Address	Full Name Email Address
Full Name Email Address Address (street or post office box)	Full Name Email Address Address (street or post office box)
Full Name Email Address Address (street or post office box) City State ZIP Code	Full Name Email Address Address (street or post office box) City State ZIP Code
Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee	Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee
Full Name Email Address Addross (street or post office box) City State ZIP Code Signature of Appointee Committee Member	Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee Committee Dissolution Designee
Full Name Email Address Addross (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Email Address	Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee Committee Dissolution Designee Full Name Email Address Address (street or post office box)
Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Email Address Address (street or post office box)	Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee Committee Dissolution Designee Full Name Email Address Address (street or post office box) Address (street or post office box) COMMAN AND AND AND AND AND AND AND AND AND A
Full Name Email Address Addross (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Email Address Address (street or post office box) City State ZIP Code	Full Name Email Address Address (street or post office box) City State ZIP Code Signature of Appointee Committee Dissolution Designee Full Name Email Address Address (street or post office box) Address (street or post office box) City State ZIP Code 35124

Signature of elected official or candidate