

Appointment of Principal Campaign Committee



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Please print in ink or type.				This form is due within five (5) calendar days of	
Full Name of Candidate ElizaBeth Ann	Cooley	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			
Office Sought (include district or circle) Chelsea C. +y (_	•	at Party / Ballot Affiliation	independent candidate.	
Email Address of the Candidate				Type of Committee (check one)	
ezbthcoo (ಎ ವ Address of the Committee (street or	·•• — — — - ·	l appoint myself as the sole member of my principal campaign committee.			
635 Shelby Fas	est TRAIL		<u> </u>		
City	State	ZIP Code	Telephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.	
Chelsia	<u> 4L</u>	35043			
If you are appointing others to set	ve as your commit	tee, vou must s	elect at least two memb	ers. You may appoint up to five members. One member	

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to live 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	Full Name	Email Address		
Address (street or post off	ce box)	Address (street or post of	ffice box)		
City	State ZIP Code	City	State ZIP Code		
Signature of Appointee		Signature of Appointee	· · · · · · · · · · · · · · · · · · ·		
	Committee Member		Committee Member		
Full Name	Email Address	Full Name	Email Address		
Address (street or post off	ce box)	Address (street or post of	ffice box)		
City	State ZIP Code	City	State ZIP Code		
Signature of Appointee	····	Signature of Appointee	· · · · · · · · · · · · · · · · · · ·		
	Committee Member	Comn	nittee Dissolution Designee		
Full Name	Email Address	Full Name	Email Address		
Address (street or post offi	ce box)	Address (street or post of	ffice box)		
City	State ZIP Code	City	State ZIP Code		
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

7-19-16