

Appointment of

Full Name of Clandidate

Shelby Chty Judge of Probate: AL

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

reaching the threshold amount, or within five (5)

calendar days of qualifying with a political party, or

Principal Campaign Committee

Please print in ink or type.

committee must choose a designee to dissolve the committee due to the

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

possibility of death or incapacitation of the candidate.

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

Where to file this form ...

| Office Sough (include district or circuit number, if applicable) Political Pa | within five (5) calendar days of filing a petition as an independent candidate. |
|---|---|
| ity Council Member | Type of Committee (check one) |
| Kay Snowen Turner 2016 & Gmár Address of the Committee (street or post office box) | · · |
| Circla Abera, Ab 35040 | I hereby appoint the individuals listed below to act as my principal campaign committee. |
| If you are appointing others to serve as your committee, you must select should be designated as the chairperson of the committee. A second me and addresses in the spaces below. Each appointee must sign his or he | t at least two members. You may appoint up to five members. One member ember should be designated as the treasurer. Please clearly print their names er name. |
| Chairperson | Treasurer |
| MARKUS H. SNOWEN MUSNOWICKER | TWENDOYN Kay Snowden Turner Hay Snowdenturn |
| Address (stract or post office box) Obline MacL- OM | Address (street or post office box) |
| Calera Ah 35040 | cit Calera AL ZIP Code 040 |
| Signature of Appointee May What He Mountain | Signature of Appointee Signature of Appointee Mun dryn Kay Promoting august |
| Committee Member | Committee Member |
| This Name The Shart Shart of Language Shart of | |
| Address (street or post office bbx) POROX 680 | Address (street or post office box) |
| City Calera Ah 35040 | City State ZIP Code |
| Signature of Appointee Kay Prevent Curner | Signature of Appointee |
| Committee Member | Committee Dissolution Designee |
| Full Name Email Address | Full Name Email Address |
| | |
| Address (street or post office box) | Address (street or post office box) |
| Address (street or post office box) City State ZIP Code | Address (street or post office box) City State ZIP Code |
| | |

FORM REVISED 1.28.2016