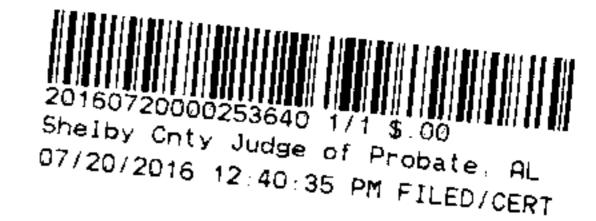


Full Name of Candidate

Appointment of Principal Campaign Committee



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

reaching the threshold amount, or within five (5)

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 ...

Full Name of Candidate Richard Brooke Atchison Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation Town County Email Address of the Candidate rbapackrat1@yahoo.com Address of the Committee (street or post office box) 145 Broland St City State ZIP Code Telephone Number			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. Type of Committee (check one) I appoint myself as the sole member of my principal campaign committee. I hereby appoint the individuals listed below to act	
Wilsonville	<u>AI. 35186</u>		as my principal campaign committee.	
should be designated as the ch and addresses in the spaces be	airperson of the committee. A sec slow. Each appointee must sign h	ond member should be desig	rs. You may appoint up to five members. One member gnated as the treasurer. Please clearly print their names	
	hairperson		Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)	· · · · · · · · · · · · · · · · · · ·	Address (street o	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of App	ointee	
Com	mittee Member		Committee Member	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street o	or post office box)	
City	State ZIP Code	City	State ZiP Code	
Signature of Appointee		Signature of Appo	ointee	
Comi	mittee Member		Committee Dissolution Designee	
Full Name	Email Address	Full Name	Email Address	
			ooke Atchison Lavid 194023 Bahoaco.	
Address (street or post office box)		Address (street o	Plue Springs Rd	
City	State ZIP Code	City W. 65000	State ZIP Code	
Signature of Appointee			Signature of Appointee	
A note regarding the dis	ssolution designee ne sole member of their principal of	-	by the Alabama Fair Campaign Practices Act, I	

Signature of elected official or candidate

that the information contained herein is true and correct.