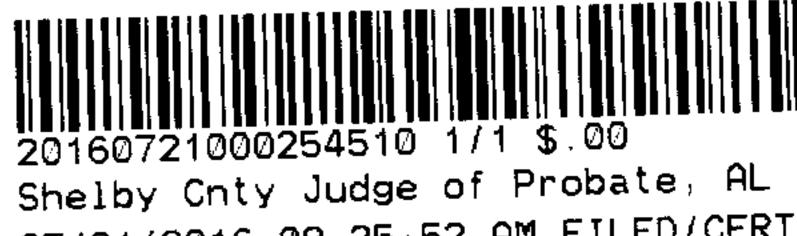


Appointment of Principal Campaign Committee

Chairperson



07/21/2016 08:25:52 AM FILED/CERT

Treasurer

Please print in ink or type.	This form is due within five (5) calendar days of	
Full Name of Candidate Lee Australia (Jaile) Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	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	
City Courcil District 3	independent candidate.	
Email Address of the Candidate	Type of Committee (check one)	
Bhanpress a wol. com Address of the Committee (street or post office box)	I appoint myself as the sole member of my	
440 Shelbist	principal campaign committee.	
State ZIP Code Telephone Number	I hereby appoint the individuals listed below to ac as my principal campaign committee.	
f you are appointing others to serve as your committee, you must select at least two members		

and addresses in the spaces below. Each appointee must sign his or her name.

Full Name	Email Address	Full Name	Email Address	
Address (street or post offic	e 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 offic	e 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	Committee Dissolution Designee	
Full Name	Email Address	Full Name Magazt	Waites megocapie a autron	
Address (street or post offic	e box)	Address (street or post or 440 Shelbs	ffice box)	
City	State ZIP Code	Montevallo	State ZIP Code A L 35//5	
Signature of Appointee		Signature of Appointee	2	

A note regarding the dissolution designee ...

Candidates who choose to be the sole member of their principal campaign committee must 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.

Date