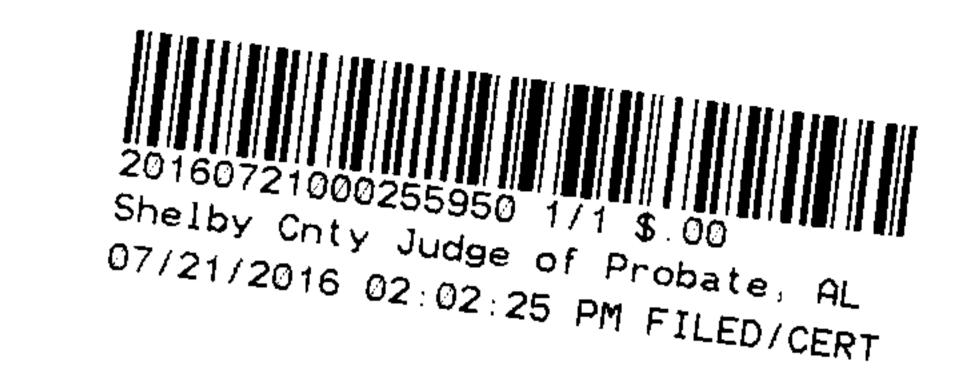


Appointment of Principal Campaign Committee

Please print in ink or type.



This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) independent candidate. Type of Committee (check one) Email Address of the Candidate appoint myself as the sole member of my Address of the Committee (street or post office box) principal campaign committee. hereby appoint the individuals listed below to act Telephone Number ZIP Code State City as my principal campaign committee. If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five 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. Treasurer Chairperson Email Address Full Name Email Address Full Name SARY I Stellands N. Com Address (street or post office box) Address (street or post office box) nesser ZIP Code State City State A1 ZIP Code 3,5043 191A-Signature of Appointee Signature of Appointee Committee Member Committee Member Full Name Email Address Email Address **Full Name** Address (street or post office box) Address (street or post office box) City ZIP Code ZIP Code State City State Signature of Appointee Signature of Appointee Committee Dissolution Designee Committee Member **Email Address** Full Name Email Address **Full Name**

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.

State

ZIP Code

Where to file this form ...

Address (street or post office box)

Signature of Appointee

City

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.

State

ZIP Code

Signature of elected official or candidate

Address (street or post office box)

Signature of Appointee

City