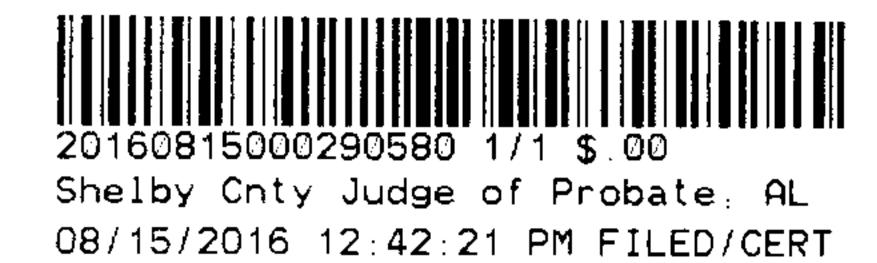


Appointment of Principal Campaign Committee



Please print in ink or type

Full Name of Candidate (hris to phen Harold has Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation City Council like 1 Chelseq, Alabana Email Address of the Candidate				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 within five (5) calendar days of filing a petition as an independent candidate. Type of Committee (check one)						
						Address of the Committee (street of Box	COM		I appoint myself as the sole member of my principal campaign committee.	
						State ZIP Code Telephone Number AL 35043 Telephone Number				I hereby appoint the individuals listed below to act as my principal campaign committee.
If you are appointing others to should be designated as the chand addresses in the spaces be	airperson of the comr	nittee. A second	I member should be desig	s. You may appoint up to five inated as the treasurer. Pleas	members. One member se clearly print their names					
C	hairperson			Treasurer						
Full Name	Email A	ddress	Full Name		Email Address					
Address (street or post office box)			Address (street o	Address (street or post office box)						
City	State ZIF	Code	City	State	ZIP Code					
Signature of Appointee			Signature of Appo	ointee						
Com	mittee Member	· · · · · · · · · · · · · · · · · · ·		Committee Men	nber					
Full Name	Email A	ddress	Full Name		Email Address					
Address (street or post office box)			Address (street o	r post office box)						
City	State ZIF	Code	City	State	ZIP Code					
Signature of Appointee			Signature of App	Signature of Appointee						
Com	mittee Member	· · · · · · · · · · · · · · · · · · ·		Committee Dissolution	n Designee					
Full Name	Email A	ddress	Full Name	<u> </u>						
			Tam:	Parlene Alexade	- Halexandes					
Address (street or post office box)			Address (street of	r post office box) Hwy 39	gnail.com					
City	State ZIF	Code	City	State AL.	ZIP Code 3 5 0 4.3					
Signature of Appointee			Signature of App	cintee Award	w					

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.

Mus Ham

Signature of elected official or candidate

Date