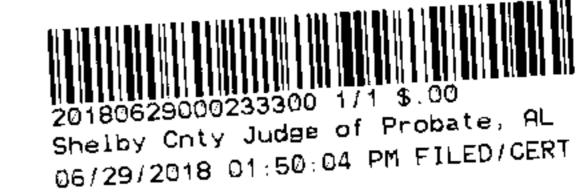


Full Name of Candidate

## 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.

Ann trice	calendar days of qualifying with a political party, or
Office Sought (include district or circuit number, if applicable) Political Party	within five (5) calendar days of filing a petition as an independent candidate.
Trustee Place 1, North Shelby Librar	y District
Email Address of the Candidate	Type of Committee (check one)
Address of the Committee (street or post office box)  Address of the Committee (street or post office box)  I appoint myself as the sole member of my principal campaign committee.	
Address of the Committee (street or post office box)	principal campaign committee.
34 Noten Street	
State ZIP Code Teleph Bir wurcham AL 35242	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 at least two members. You may appoint up to five members. One 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.	
Chairperson	Treasurer
Full Name  Email Address	Full Name
Address (street or post office box)	Address (street or post office box)
City State ZIP Code	City State ZIP Code
Signature of Appointee	Signature of Appointee
Committee Member	Committee Member
Committee Member Full Name Email Address	Full Name  Committee Member  Email Address
	······································
Full Name  Email Address	Full Name Email Address
Full Name  Address (street or post office box)  Email Address	Full Name  Address (street or post office box)  Email Address
Full Name  Address (street or post office box)  City  State  Email Address  ZIP Code	Full Name  Address (street or post office box)  City  State  ZIP Code
Full Name Email Address  Address (street or post office box)  City State ZIP Code  Signature of Appointee	Full Name Email Address  Address (street or post office box)  City State ZIP Code  Signature of Appointee
Full Name  Email Address  Address (street or post office box)  City  State  ZIP Code  Signature of Appointee  Committee Member	Full Name Email Address  Address (street or post office box)  City State ZIP Code  Signature of Appointee  Committee Dissolution Designee
Full Name  Email Address  Address (street or post office box)  City  State  ZIP Code  Signature of Appointee  Committee Member  Full Name  Email Address	Full Name  Email Address  Address (street or post office box)  City  State  ZIP Code  Signature of Appointee  Committee Dissolution Designee  Full Name  Email Address
Address (street or post office box)  City State ZIP Code  Signature of Appointee  Committee Member  Full Name Email Address  Address (street or post office box)	Full Name  Address (street or post office box)  City  State  ZIP Code  Signature of Appointee  Committee Dissolution Designee  Full Name  Email Address  Address (street or post office box)

## 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.

Signature of elected official or candidate

7/26,20/ C