Appointment of Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY

Please print in ink or type.			Ti-!- £ !1	- /-> /->	
Full Name of Candidate Connect Earl Dukes Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation			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.		
City Coul			•		
Address of the Committee (street or post office box)			Type of Committee (check one) I appoint myself as the sole member of my		
190 Motley Hve			principal campaign	•	
City State ZIP Code Telephone Number 3515			I hereby appoint the individuals listed below to act as my principal campaign committee.		
should be designated as the	serve as your committee, you must sechairperson of the committee. A second below. Each appointee <u>must</u> sign his c	d member should be design			
Candidates who choose to be possibility of death or incapac	the sole member of their principal can citation of the candidate.	npaign committee <u>must</u> cho	oose a designee to dissolv	e the committee due to the	
C	hairperson		Treasur	er	
Full Name	Email Address	Full Name		Email Address	
Address (street or post office box)		Address (stre	Address (street or post office box)		
City	State ZIP Code	City	Sta	ate ZIP Code	
Signature of Appointee		Signature of A	Appointee		
Com	mittee Member		Committee N	lember	
Full Name	Email Address	Full Name		Email Address	
Address (street or post office bo	x)	Address (stre	et or post office box)		
City	State ZIP Code	City	Sta	ate ZIP Code	
Signature of Appointee		Signature of A	Appointee		
Full Name	mittee Member Email Address	Full Name	Committee Dissolu		
		MAKE	Dukos	Email Address Maridukes 7007 @ Value o. C	
Address (street or post office bo	x)	Address (stre	et or post office box)	ratification -	
City	State ZIP Code	City	Sta	zie ZIP Code	
Signature of Appointee		Signature of			
Where to file this form		<u> </u>	an II		

As required by the Alabama Fair Campaign Practices Act, I State candidates file with the Office of the Secretary of State.* hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

County candidates must file electronically at fcpa.alabamavotes.gov

Municipal candidates file with the county judge of probate.

* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

Signature of elected official or candidate

FORM REVISED 6.19.2017