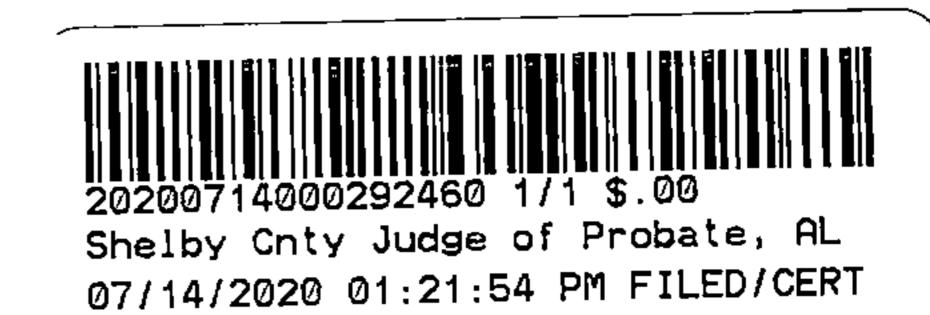


Appointment of Principal Campaign Committee



Please print in ink or type.

, , , , , , , , , , , , , , , , , , ,	This form is due within five (5) calendar days of	
Gladys Lynn Deasier	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	
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	independent candidate.	
Address of the Committee (street or post office box)	Type of Committee (check one)	
100 Johnson Street	I appoint myself as the sole member of my principal campaign committee.	
State SIP Code Telephone Number 35051	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. should be designated as the chairperson of the committee. A second member should be designated and addresses in the spaces below. Each appointee <u>must</u> sign his or her name.	• • •	
Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choops are also as a subject of the candidate.	ose a designee to dissolve the committee due to the	
Chairperson	Treasurer	
Full Name Email Address Full Name	Email Address	
Address (street or post office box) Address (street	et or post office box)	
City State ZIP Code City	State ZIP Code	
Signature of Appointee Signature of A	ppointee	
Committee Member	Committee Member	
	Full Name Email Address	
Full Name Full Name	Eman Address	
Address (street or post office box) Address (street	et or post office box)	
City State ZIP Code City	State ZIP Code	
Signature of Appointee Signature of A	ppointee	
	Committee Dissolution Designee	
Full Name Full Name	Email Address	
Address (street or post office box) Address (street	et or post office box)	
City State ZIP Code City	State ZIP Code	
Signature of Appointee Signature of A	ppointee	

Where to file this form ...

- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.alabamavotes.gov

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

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

Date

FORM REVISED 6.19.2017