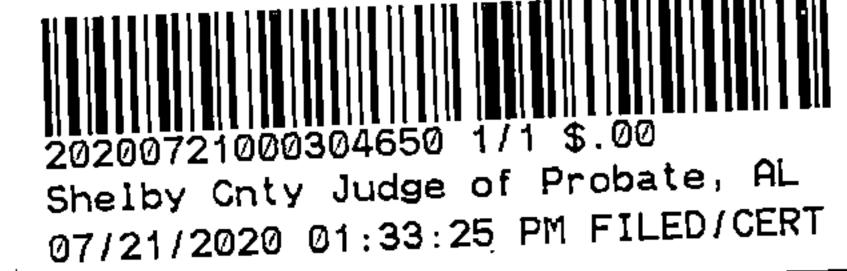


Appointment of



Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation Address of the Committee (street or post office box) City State ZIP Code Telephone Number iolumbiana 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 and addresses in the spaces below. Each appointee must sign his or her name. possibility of death or incapacitation of the candidate. Chairperson 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 Member Full Name Email Address Address (street or post office box) City ZIP Code State Signature of Appointee

Where to file this form

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

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 a	r
independent candidate.	

Type of Committee (check one)

I appoint myself as the sole member of my principal campaign committee.

I hereby appoint the individuals listed below to act as my principal campaign committee.

should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the

Treasurer				
Full Name	Ema	Email Address		
		•		
Address (street or post office box)				
City	State	ZIP Code		
Signature of Appointee	_			
				

Committee Member					
Full Name	Ema	Email Address			
		• 			
Address (street or post office box)					
City	State	ZIP Code			
Signature of Appointee					
,					

Committee D	Dissolution	Designee	
Full Name	Email Address		
Sheila Rasco Finl	ey char	germon/egn	nail. Com
Address (street or post office box	•)	
323 Chelsea Ro	sad		
City	State	ZIP Code	
Columbiana	AL	36061	
Signature of Appointee	1		
Shoele KAM	Uci -		
			

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