

Appointment of Principal Campaign Committee

FILED

JUL 08 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please print in ink or type.	JUDGE OF PROBATE
Full Name of Candidate Reduct Reduct	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
Council Member Place 1 Email Address of the Candidate	independent candidate. Type of Committee (check one)
Bedwell 3 @ ADL. com	
Address of the Committee (street or post office box) 1022 Brrarch Rd	I appoint myself as the sole member of my principal campaign committee.
City State ZIP Code Telephone Numb Rainbow C: 4 AL 35906 2576 312	
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 chairperson of the committee. A second 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 N	ame Email Address
Address (street or post office box) Addre	ss (street or post office box)
City State ZIP Code City	State ZIP Code
Signature of Appointee Signature of Appointee	
Committee Member	Committee Member
Full Name Email Address Full N	ame Email Address
Address (street or post office box) Addre	ss (street or post office box)
City State ZIP Code City	State ZIP Code
Signature of Appointee Signature of Appointee	
Committee Member	Committee Dissolution Designee
Full Name Email Address Full N	ame Email Address
Address (street or post office box) Addre	ss (street or post office box)
City State ZIP Code City	State ZIP Code
Signature of Appointee Signat	cure of Appointee
A note remarking the discolution designed	

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

7/8/16