

Appointment of Principal Campaign Committee

Please print in ink or type.

Office Sought (include district or circuit number, if applicable) Email Address of the Candidate Address of the Committee (street or post office box) City City State State ZIP Code Telephone Number ZoS 589-2928 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 designant addresses in the spaces below. Each appointee must sign his or her name.			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. 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. You may appoint up to five members. One member nated as the treasurer. Please clearly print their names	
Chairperso	<u></u>		Troacurer	
Full Name	Email Address	Full Name	Treasurer	Email Address
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 Appoin	ntee	
Committee Mer	nber		Committee Men	her
Full Name	Email Address	Full Name		Email Address
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 Appoir	ntee	
Committee Mer	nber	C	ommittee Dissolution	Designee
Full Name	Email Address	Full Name		Email Address
Address (street or post office box)		Address (street or p	Beth Saida	. Rd
City State	ZIP Code	DOEZ	State	ZIP Code 35457
Signature of Appointee		Signature of Appoir	ntee	
A note regarding the dissolution of Candidates who choose to be the sole member committee <u>must</u> choose a designee to dissolution	per of their principal campaign	hereby swear o	the Alabama Fair Campa or affirm to the best of my ation contained herein is	knowledge and belief

Where to file this form ...

possibility of death or incapacitation of the candidate.

State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.

that the information contained herein is true and correct.