

Sought (include district or circuit number, if applicable)

(street or post office box)

Chairperson

## FILED

## Appointment of

## Principal Campaign Committee Please print in ink or type.

State

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This form is dulib GET GET Tays 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.

## Type of Committee (check one)

- Tappoint myself as the sole member of my principal campaign committee.
- 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. 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 <u>must</u> sign his or her name.

ZIP Code

35902

Political Party / Ballot Affiliation

Telephone Number

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.

Full Name	Email Address		
Address (street or post office box)		9 9	
City	State	ZIP Code	
Signature of Appointee			
Committ			
Full Name	Em	ail Address	
Address (street or post office box)		4	
City	State	ZIP Code	
Signature of Appointee			
Committ	ee Mem	ber	
Full Name	Email Address		
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee		5	

Where to	file t	his f	orm	•••
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- State candidates file with the Office of the Secretary of State.\*
- 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."

State	ZIP Code
	State

Email Address			
box)			
State	ZIP Code		

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	Committee	Dissoluti	on Design	
Full Name	^ `		Email Address	0.00
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City		Stat	te / ZIP C	ode
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Signature of	Appointee	~ /	20 )	(
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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