

Appointment of Principal Campaign Committee

FILED

JUL 08 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

FORM REVISED 1.28.2016

Please print in ink or type.	This form is due within five (5) calendar days of
Full Name of Candidate DHN BECKTON Moore	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 / I	Ballot Affiliation independent candidate.
Email Address of the Candidate	Type of Committee (check one)
John. moore 80 Charter, Com	I appoint myself as the sole member of my
Address of the Committee (street or post office box) 2581 CAODEU CRULE	principal campaign committee.
GADSPÉN AL 35903 256	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 must sign his or her name.	
Chairperson	Treasurer
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 Appointee
Committee Member	Committee Member
Fuil 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 Appointes	Signature of Appointee
Committee Member	Committee Dissolution Designee
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 Appointes	Signature of Appointee
A note regarding the dissolution designee Candidates who choose to be the sole member of their principal campaign	As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief
committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.	that the information contained herein is true and correct.
Where to file this form	11/8/11 DON 117/8/16
State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.	Signature of elected official or candidate Date