

## Appointment of Principal Campaign Committee

**FILED** 

JUL 1 0 2018

BOBBY M. JUNKINS JUDGE OF PROBATE

Please print in ink or type. This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation independent candidate. Type of Committee (check one) 1040Ci Address of the Committee (street or post office box) I appoint myself as the sole member of my principal campaign committee. Telephone Number I hereby appoint the individuals listed below to act ZIP Code State City as my principal campaign committee. 35904 D56-305-3318 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. Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate. Treasurer Chairperson **Email Address Full Name Email Address Full Name** Address (street or post office box) **ZIP Code** State City Tor Committee Member **Email Address** Full Name

GADSden	AL	35904	
Signature of Appointee	Ponty		
	Committee Mem	ber	
Full Name	En	Email Address	
Address (street or post of	fice box)		
City	State	ZIP Code	
Signature of Appointee		<u> </u>	

State

ZIP Code

## Where to file this form ....

Address (street or post office box)

City

- 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."

Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
Comn	nittee Memb	er	
Full Name	Email Address		
Address (street or post office box	x)		
City	State	ZIP Code	
Signature of Appointee			
Committee Dissolution Designee			
Full Name	Em	ail Address	
Address (street or post office bo	ater 13	pointerpatties	
Mudicas (street or host office no	٠, ۱ <sup>,</sup>		

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

Signature of Appointee

1-10-18

Date

FORM REVISED 6.19.2017

ZIP Code