

## **Appointment of Principal Campaign Committee**

FILED

JUL 12 2016

BOBBY M. JUNKINS

JUDGE OF PROBATE Please print in ink or type. This form is due within five (5) calendar days of Full Name of Candidate 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 / Ballot Affiliation 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 Telephone Number ZIP Code 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. 。4・◆ 袋袋(- ※st. e☆ Chairperson かなみち 👵 🧢 🎠 🏤 .Treasurer Full Name **Email Address** Full Name **Email Address** Address (street or post office box) Address (street or post office box) State ZIP Code State ZIP Code Signature of Appointee Signature of Appointee Committee Member Committee Member Full Name **Email Address** Full Name **Email Address** Address (street or post office box) Address (street or post office box) State ZIP Code ZIP Code Signature of Appointee 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 **ZIP Code** ZIP Code State City State Signature of Appointee Signature of Appointee 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 ...

1.

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

7-7-16

FORM REVISED 1.28.2016