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FILED

## Appointment of **Principal Campaign Committee**

JUL U / 2016

Please print in ink or type.				This form is due within five (5) calendar days of		
Full Name of Candidate Gary "Alan" Hales				rescurighing interpold	amount, or within five (5)	
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation				calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an		
Boaz City Council				independent candidate	i. Caya or ming a permonas an	
Email Address of the Candidate Republican						
alanh94@gmail.com				Type of Co	mmittee (check one)	
Address of the Committee (street o	r post office boxt			X appoint myself a	s the sole member of my	
3348 Bethsaida Rd	•			principal campaig	n committee.	
City	State	ZIP Code	Telephone Number			
Boaz	AL	35957	(256) 572-3443	hereby appoint the individuals listed below to ac as my principal campaign committee.		
If you are appointing others to se should be designated as the cha and addresses in the spaces bel	ow. Each appointe	ttee, you must s mittee. A secon e must sign his	elect at least two membe d member should be desi or her name.	rs. You may appoint up to fignated as the treasurer. Ple	ive members. One member ease clearly print their names	
	airperson		and the second second	Treasure		
Full Name	Email A	vddress	Full Name		Email Address	
Address (street or post office box)			Address (street o	Address (street or post office box)		
City	Slate ZIF	<sup>o</sup> Coda	The state of the s			
Company of the second			City	State	ZIP Code	
Signature of Appointee			Signature of Appa	oint <del>ea</del>		
	ittee Member	THE TAXABLE PARTIES OF THE PROPERTY OF THE PRO		Committee Me	mher	
Full Name	Email A	dress	Full Name		Email Address	
Address (street or post office bax)			Address (street or	r post office box)		
				•		
City	Stata ZIP	Code	City	State	ZIP Code	
Signature of Appointee			Signature of Appo	ग <del>्रा</del>	والمستورة والمستورية والمستورة والمستورية والمستورة والمستورة والمستورة والمستورة والمستورة والمستورة والمستورة	
Commi ull Name	ttee Member		G	ommittee Dissolutio	n Desianee	
ns vaus	Email Address		Full Name	Email Address		
			Bromleigh Har	rell Hales bromlei	gh.hales@gmail.com	
ddress (street or post office box)			Address (street or		2a.o.@3.uau.o.111	
24		•	3348 Bethsald			
âty	State ZIP	Code	City	State	ZIP Code	
	<del></del>	_	Boaz	AL	35957	
ignature of Appointee			Signature of Appoi	ntee		
note regarding the disse	olution design			the Mehama Cala Carre		

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.

## Where to file this form ...

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 coptained herein is true and correct.

dignature of elected official or candidate

7/06/2016