

Appointment of Principal Campaign Committee

FILED

JUL 06 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

FORM REVISED 1.28.2016

Please print in ink or type.				
Full Name of Candidate Lee Cheches Ood			This form is due within five (5) calendar days 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.	
Office Sounds Include district or circuit number, if applicable) Political Party / Ballot Affiliation				
Mayor Chectwood & City of Inter Blusses			Type of Committee (check one)	
Address of the Committee (street or post office box)			Lutt, lon	appoint myself as the sole member of my principal campaign committee.
		10 Number 353, 4095	I hereby appoint the individuals listed below to act as my principal campaign committee.	
If you are appointing others to serve as your com should be designated as the chairperson of the cand addresses in the spaces below. Each appoin	ommuee. A secon	a membe	er snould be desidi	. You may appoint up to five members. One member nated as the treasurer. Please clearly print their names
Chairperson			Treasurer	
	ail Address	-	Full Name	Email Address
Address (streat 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				
Full Name Email Address			Full Manage	Committee Member
·	all 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 Appoi	ntee
Committee Membe	er		C	ommittee Dissolution Designee
Full Name Ema	il 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 Appoi	ntes	
A note regarding the dissolution designee 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.		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.		
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.		Signature of elect	My Me atwood 17-6-16	