THIS AREA FOR OFFICIAL USE ONLY

Appointment of

Pleas	se print in ink o	r type.		This form is due within five	(5) calendar days of	
Full Name of Candidate ドピン・ハ を//: 5				reaching the threshold amount, or within five (5) datendar 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 nu	umber, if applicable)	Politic	al Party / Ballot Affiliation	independent candidate.	15-01-111119-a pennon as an	
Boaz City Co	oun cil	<u> </u>			-844	
Email Address of the Candidate				Type of Comn	nittee (check one)	
	hoobco	M		I appoint myself as th	e sole member of my	
Address of the Committee (street or post				principal campaign co	ommittee.	
950 Lester V		ZIP Code	Telephone Number	hereby appoint the in	ndividuals listed below to act	
City	State 1		256302438	as my principal compaign committee		
Boaz		<u></u>	J		la di Ou a sanahan	
you are appointing others to serve a hould be designated as the chairper nd addresses in the spaces below.	rson of the commi	tee. A secon	d member should be desi	rs. You may appoint up to five ignated as the treasurer. Please	members. One member e clearly print their names	
Chairperson			Treasurer			
Full Name	Email Add	ress	Full Name	ı	Email Address	
Address (street or post office box)			Address (street	Address (street or post office box)		
City	State ZIP C	ode	City	State	ZIP Code	
	<u> </u>		Oily			
Signature of Appointee			Signature of App	pointee		
Committe			Committee Member			
Full Name	Email Add	ress	Full Name	-	Email Address	
Address (street or post office box)	<u>-</u>		Address (street	or post office box)		
O'4.	State ZIP (`	City	State	ZIP Code	
City .	State ZIP (ode		State	21. 0000	
Signature of Appointee			Signature of Ap	Signature of Appointee		
Committ	ee Member			Committee Dissolution	Designee	
Full Name	Email Add	ress	Full Name		Email Address	
			Cher:		KW 2610@ Ve	
Address (street or post office box)			l I	t or post office box)		
			950 6	ester Dr		
City	State ZIP	Code	City	State	ZIP Code	
			Boa Z	-// 241	35957	
		 -	0: -//	maisten ///		
Signature of Appointee			Signature of A	DOWNER ///	(

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 ...

State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.

that the information contained herein is true and correct.