



FILED

JUN 20 2016

**BOBBY M. JUNKINS
JUDGE OF PROBATE**

Appointment of Principal Campaign Committee

Please print in ink or type.

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.

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 as my principal campaign committee.

Full Name of Candidate <i>LARRY PASCHAL McASS N/A</i>			
Office Sought (include district or circuit number, if applicable) <i>MAYOR OF ATHALLA, AL.</i>		Political Party / Ballot Affiliation	
Email Address of the Candidate <i>DKSteele03@gmail.com</i>			
Address of the Committee (street or post office box) <i>PO BOX 786</i>			
City <i>ATHALLA</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>(256) 41-9400</i>

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.

Chairperson			
Full Name <i>TOM ED PARKER JR.</i>		Email Address	
Address (street or post office box) <i>613 5th St NW</i>			
City <i>ATHALLA</i>	State <i>AL</i>	ZIP Code <i>35954</i>	
Signature of Appointee <i>Tom Ed Parker Jr</i>			

Treasurer			
Full Name <i>JOAN DIANE PARKER</i>		Email Address	
Address (street or post office box) <i>613 5th St. NW</i>			
City <i>ATHALLA</i>	State <i>AL</i>	ZIP Code <i>35954</i>	
Signature of Appointee <i>Joan Diane Parker</i>			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

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.

Where to file this form ...
State candidates file with the Office of the Secretary of State. County and municipal candidates 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] 6/20/16
Signature of elected official or candidate Date