



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Appointment of Principal Campaign Committee

Please print in ink or type. E-mail address is required.

Full Name of Candidate		E-mail Address of Candidate (required)	
Office Sought (include district or circuit number, if applicable)		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box)			
City	State	ZIP Code	Telephone Number

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 or third party 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.

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.

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.

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

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

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

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

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

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

Where to file this form...

After all individuals listed on this form have signed, please mail original document to the following address:

Office of the Secretary of State
Elections Division
P.O.Box 5616
Montgomery, AL 36103

As required by the Alabama Fair Campaign 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	Date
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