

# APPOINTMENT OF A CAMPAIGN

STATE OF MISSISSIPPI

IN THE COUNTY OF

LAST KNOWN RESIDENCE

DATE RECEIVED

DATE OF APPOINTMENT: APRIL 11, 1968  
NAME OF CANDIDATE: [Handwritten Name]  
OFFICE: [Handwritten Office]

STATE OF MISSISSIPPI  
COUNTY OF [Handwritten County]

[Large area of illegible text, possibly a list of names or addresses]

9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		( )		

COMMUNICATIONS

Signature of Candidate: [Handwritten Signature]  
Date Signed: [Handwritten Date]

60707-1111

