Appointment of Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY



Shelby Cnty Judge of Probate, AL 07/15/2016 03:19:29 PM FILED/CERT

Plea	se print in i	nk or type.				· ••	
Full Name of Candidate Deborah A	·-·		`		reaching the thre calendar days of	shold amou	ob) calendar days of ont, or within five (5) ith a political party, or of filing a petition as an
Office Sought (include district or circuit n	umber, if applica	•	al Party / Ballot		independent can	didate.	or ming a petition as an
Address of the Committee (street or post	office box)		100	¥	Туре	of Commit	tee (check one)
P.D. Box 21	8			<u> </u>	l appoint my principal car	/self as the s	ole member of my nittee.
City Wilton	State	ZIP Code 多ち187	Telephone Nun	nber	I hereby app	ooint the ind	viduals listed below to ac n committee.
and addresses in the spaces below. Chairpe				·	Tre	asurer	
Full Name				Full Name			
Address (street or post office box)	<u></u>			Address (stre	et or post office box)		<u> </u>
City	State ZI	P Code		City		State	ZIP Code
Signature of Appointee		_		Signature of A	ppointee	· · · · · · · · · · · · · · · · · · ·	
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Address (street or post	office box)	
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	Committee Memb	per
Full Name		
Address (street or post o	ffice box)	
City	State	ZIP Code
Signature of Appointee	<u> </u>	

Where to file this form ...

- ▶ State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-210. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- ▶ County and municipal candidates file with their county's judge of probate.

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Full Name			
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City	State	ZIP Code	
Signature of Appointee			-
Commit	tee Memb	er	
Full Name			
Address (street or post office box)			
•			
City	State	ZIP Code	
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Signature of Appointee			

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

\$1,000	Statewide office
\$1,000	State Senate seat
\$1,000	State House seat
\$1,000	Circuit or district office
\$1,000	County or municipal office

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.

Shelby Cnty Judge of Probate: AL NAME OF POLITICAL When COMMITTEE:

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CAMPAIGN FINANCE REPORT

FOR POLITICAL

ACTION COMMITTEE

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total contributions from a single source exceed \$100.00, the FCPA requires all contributions **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for 3 for those listings. from that source to be itemized. SOURCE

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	Individual PAC	Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) or essences	Probate: AL PM FILED/CERT (INCLUDE FULL NAME)
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from Other Sources loans, interest, and other sources ् income

OF POLITICAL ACTION COMMITTEE:

total contributions from a single source exceed \$100.00, the FCPA requires **DO NOT LIST** cash or in-kind contributions on this form. Use Fo Use Forms all contributions from that source and 3 for those listings. ₽ be itemized.

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