



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY



20160715000248300 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
07/15/2016 03:19:29 PM FILED/CERT

# Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <b>Deborah Ann Hudson</b>			
Office Sought (include district or circuit number, if applicable)		Political Party / Ballot Affiliation <b>Mayor</b>	
Address of the Committee (street or post office box) <b>P.O. Box 218</b>			
City <b>Wilton</b>	State <b>AL</b>	ZIP Code <b>35187</b>	Telephone Number <b>[REDACTED]</b>

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.

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			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

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

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

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

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

**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.

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.

**Deborah Ann Hudson** | **7-15-16**  
Signature of elected official or candidate | Date

**FORM 2: Contributions received by political action committee**



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM REVISED 9.2.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE

NAME OF POLITICAL ACTION COMMITTEE:

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

[illegible]



# FORM 4: Receipts from Other Sources



**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

**SOURCE OF RECEIPT**  
(INCLUDE FULL NAME)

**ADDRESS**  
(ADDRESS SHOULD INCLUDE  
STREET OR P.O. BOX,  
CITY, STATE, AND ZIP)

Interest	FORM OF RECEIPT
Loan	
Other	

**COMPLETE THIS BLOCK IF RECEIPT  
IS A LOAN**

**GUARANTORS**

IF CPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]

<b>RECEIPT SOURCE</b> (CHECK ONE)	
Lending Institution	
PAC	
Individual	
Business	
Other	

**DATE  
RECEIVED**  
(mo./day/yr.)

**AMOUNT  
OF  
RECEIPT**

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TOTAL RECEIPTS THIS PAGE

# FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]