ALABAMA FAIR CAMPAIGN PRACTICES ACT

APPOINTMENT OF PRINCIPAL CAMPAIGN COMMITTEE

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.

Please print in lnk or Type.

Full Name of Candidate Shayon M	arie, Swee	254	- -
Office Sought (include district or	_	•	al Party / Ballot Affiliation
Vandiver Fixe			<u> </u>
Address of the Committee (stree	t or post office box)		
City	State	ZIP Code	Telephone Number
Vandiver	A	35176	215-672 8523
f you are appointing other	rs to serve as your c	ommittee, you	ı must select at least tw

and correct.

Signature of elected official or candidate

FORM REVISED 11.04.2007

> State candidates file with the Office of the Secretary of

State, located in the Alabama State Capitol, Room

E-208. The mailing address is P.O. Box 5616,

▶ County and municipal candidates file with their

Montgomery, Alabama 36103-5616.

county's judge of probate.

THIS AREA FOR OFFICIAL USE DNLY

Shelby Cnty Judge of Probate, AL

07/16/2010 02:03:47 PM FILED/CERT

Type of Committee (check one)

I appoint myself as the sole member of my

JUL 16 2010

e		•	lephone Number		principal campaign committee. hereby appoint the individuals listed below			
landiver	<u> </u>	35176	205-678	28523	to a	ct as my principa	I campaign committe	
ou are appointing others to	o serve as you	r committee, you	must select	at least two	o members	. You may appo	int up to five member	
member should be designed the clearly print their name	gnated as the c	hairperson of the	e committee. s below. Ea	. A second ch appointe	member sr e must sic	rould be designation his or her nam	ed as me reasurer. B.	
						Treasurer		
ll Name	irperson			Full Name		110030101		
						•		
dress (street or post office box)				Address (stre	et or post offic	ce box)		
ty	State	ZIP Code		City		State	ZIP Code	
gnature of Appointee		<u></u>		Signature of	Appointee	·	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·			 	·		
Comm	ittee Member				C	ommittee Men	nber	
uil Name				Full Name				
ddress (street or post office box)	<u> </u>	<u></u>		Address (str	eet or post offi	ce box)	<u>,,,,,,,</u>	
Жy	State	ZIP Code		City		State	ZIP Code	
ignature of Appointee		<u>,</u>		Signature of	Appointee	<u> </u>	<u> </u>	
Comm	ittee Member							
ufi Name				Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act				
ddress (street or post office box)	<u></u>			\$	25,000	Statewide of	ffice	
					10,000	State Senat		
ity	State	ZIP Code		~	5,000 5,000	State House		
				•	5,000 1,000	Circuit or dis	unicipal office	
Signature of Appointee								