## ALABAMA FAIR CAMPAIGN PRACTICES ACT

Full Name of Candidate

# 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 ink or Type.

Office Sought (include district	or circuit number, if ap	• · · · · • · · ·	Political Party / Ba	flot Affiliation
Vandiver Fi	e DISTYIC	T Place	_4	<u></u>
Address of the Committee (str				
1411 Hwy	50			
City	State		ode Telephone	
Vandiver	AI	351	26 205-6	72-751
you are appointing oth one member should be please clearly print their	designated as th	e chairperson	of the commit	nee. A sec
	Chairperson			
Full Name				Full Nam
Address (street or post office	box)			Address
City	State	ZIP Code		City
Signature of Appointee	, , <u>, , , , , , , , , , , , , , , , , </u>	<u> </u>		Signatu
				<u></u>
Со	mmittee Memi	per		
Full Name				Full No
Address (street or post office	box)	<u> </u>		Addres
City	State	ZIP Code		City
Signature of Appointee				Signati
C	ommittee Mem			<u></u>
Full Name	•			•
Address (street or post offic	e box)	······································		
City	Stale	ZIP Code		
Signature of Appointee	- <u> </u>	<del></del>		•
	, 			As re

#### Where to file this form ...

- > 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, Montgomery, Alabama 36103-5616.
- ▶ County and municipal candidates file with their county's judge of probate.

-	RE(		VE	
	JUL	16	2010	

Shelby Cnty Judge of Probate, AL 07/16/2010 02:03:57 PM FILED/CERT

#### Type of Committee (check one)

- 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.

select at least two members. You may appoint up to five members. mittee. A second member should be designated as the treasurer. w. Each appointee must sign his or her name.

	Treasurer		
Full Name		•	
Address (street or pos	t office box)	<u> </u>	
City	State	ZIP Code	
Signature of Appointe	······································		<u></u>
•			

ull Name		•
Address (street or pos	t office box)	
City	State	ZIP Code
Signature of Appointe	······································	<u> </u>

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

Statewide office \$25,000 State Senate seat \$10,000 \$5,000 State House seat Circuit or district office \$5,000 County or municipal office \$1,000

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.

Signature of elected official or candidate

Date

FORM REVISED 11.06.2007