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 ink or Type.

Full Name of Candidate	<i>n</i>	. و سد		
RAYMON'D F. W	HITEH	EAD	, , , , , , , , , , , , , , , , , , , 	
Office Sought (Include district or circuit number, if a			Party / Ballot	Affiliati
POS. 3 VANDIVER EL	RE DISTR	res		::
Address of the Committee (street or post office box	}			
490 Hay 50				
City	· .		Telephone Nu	
MANDIVER	. 351	76	671-1	LS9
If you are appointing others to serve as to One member should be designated as the Please clearly print their names and add	he chairperso	n of the	committee). A s
Chairperson				
Full Name				Full
		programme.		-
Address (street or post office box)	, _ · , _ , · _i 			Addi
City	ZIP Code	' d'alland dan denganara		City
	4 4			
Signature of Appointee				Sign
Signature of Appointmen				J. 3.
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Committee Memi)er			S. 11
Full Name				Full
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Address (street or post office box)		***		Add
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City State	ZIP Code	•		City
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Signature of Appointee		ŕ		Sign
Committee Mem	per		· · · · · · · · · · · · · · · · · · ·	******
				"
Full Name		1		
Full Name	A	- ^	1	••
Address (street or post office box)				
·				
·	ZIP Code			

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.

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SEP 08 2010

James W. Fuhrmeister Judge of Probate

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.

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

	Treasurer		
Full Name		•	
Address (street or pos	office box)		
City	State	ZIP Code	
Signature of Appointed	i	<u></u>	
	Committee Memb	er	
Full Name			
Address (street or pos	t office box)	<u>, , , , , , , , , , , , , , , , , , , </u>	·
City	State	ZIP Code	

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

\$25,000	Statewide office
\$10,000	State Senate seat
\$5,000	State House seat
\$5,000	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.

Signature of elected official or candidate

Signature of Appointee

Date

FORM REVISED 11.06.2007