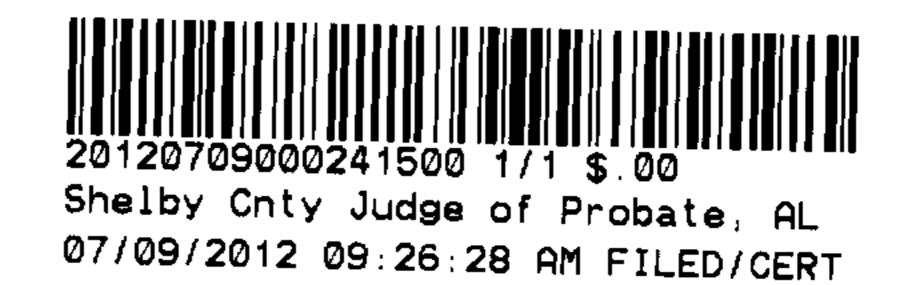
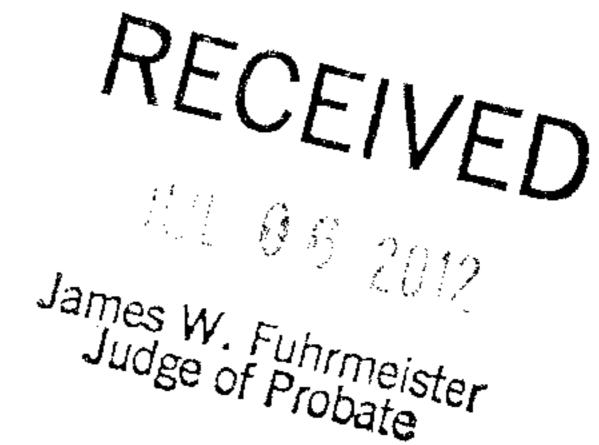


Appointment of





Principal Campaign Committee

Please print in ink or type. Full Name of Candidate Office Sought (include district or circuit number, it applicable) Address of the Committee (street or pos) office box) State ZIP Code Telephone Number If you are appointing others to serve as your committee, you must select at least two members					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. 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.		
should be designated as the chair and addresses in the spaces below	rperson of the	committee. A secor	id member should be desig	gnated as the ti	reasurer. Please cle	arly print their names	
Chai	irperson				Treasurer		
Full Name			Full Name				
Address (street or post office box)			Address (st	reet or post office	box)		
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee		<u></u>	Signature of	f Appointee		• • • • • • • • • • • • • • • • • • •	
Commit	tee Membe	۲		Col	mmittee Memb	er	
Full Name			Full Name				
Address (street or post office box)			Address (str	reet or post office	box)		
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee			Signature of	f Appointee			
Commit	tee Membe	er			· · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	
Full Name			į	Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act			
Address (street or post office box)				\$25,000 Statewide office \$10,000 State Senate seat			
City	State	ZIP Code		\$10,000 State Senate seat \$5,000 State House seat \$5,000 Circuit or district office \$1,000 County or municipal office			
Signature of Appointee							

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.

Signature of elected official or candidate

Date