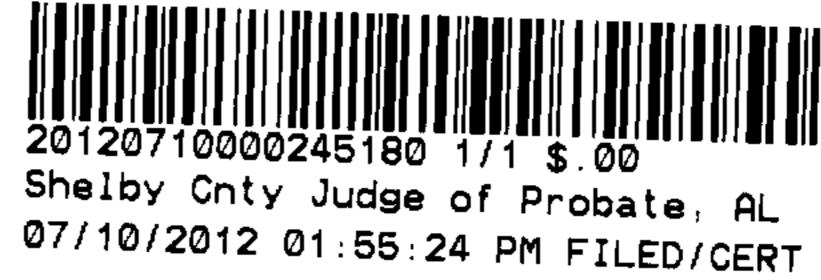
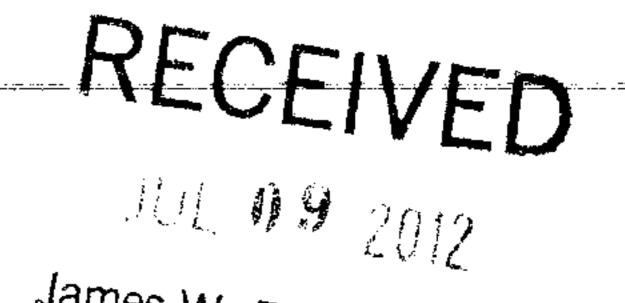


## Appointment of Principal Campaign Committee





Please print in ink or type.  Full Name of Candidate  Office Sought (include district or circuit number if applicable)  Address of the Committee (street or post office box  City  State  ZIP Code  Telephone Number  If you are appointing others to serve as your committee, you must select at least two members should be designated as the chairperson of the committee. A second member should be designand addresses in the spaces below. Each appointee must sign his or her name.			
Chairnarcan			Treasurer
Chairperson			
Full Name		Full Name	
Address (street or post office box)		Address (s	street or post office box)
City State	ZIP Code	City	State ZIP Code
Signature of Appointee	······································	Signature	of Appointee
Committee Memb	<u>a</u> r		Committee Member
Full Name		Full Name	
Address (street or post office box)		Address (s	street or post office box)
City State	ZIP Code	City	State ZIP Code
Signature of Appointee		Signature	of Appointee
Committee Memb	27		
Full Name		F	iling Threshold Amounts for Public Offices
Address (street or post office box)	·····		<ul> <li>under the Fair Campaign Practices Act</li> <li>\$25,000 Statewide office</li> <li>\$10,000 State Senate seat</li> </ul>
City State	ZIP Code		\$5,000 State House seat \$5,000 Circuit or district office \$1,000 County or municipal office
Signature of Appointee		As require	ed by the Alabama Fair Campaign Practices Act, I
Where to file this form		•	vear or affirm to the best of my knowledge and belief

## 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.

Signature of elected official or candidate

that the information contained herein is true and correct.

Date