This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

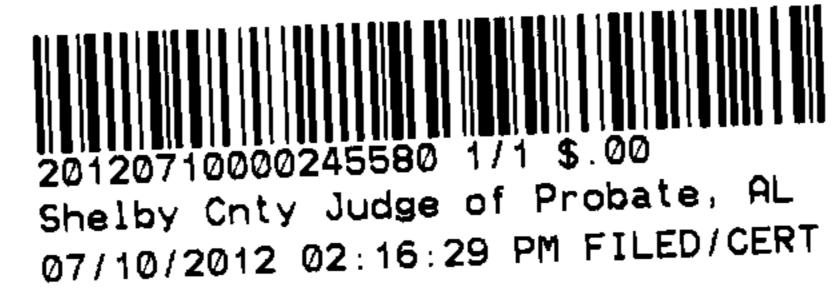
calendar days of qualifying with a political party, or

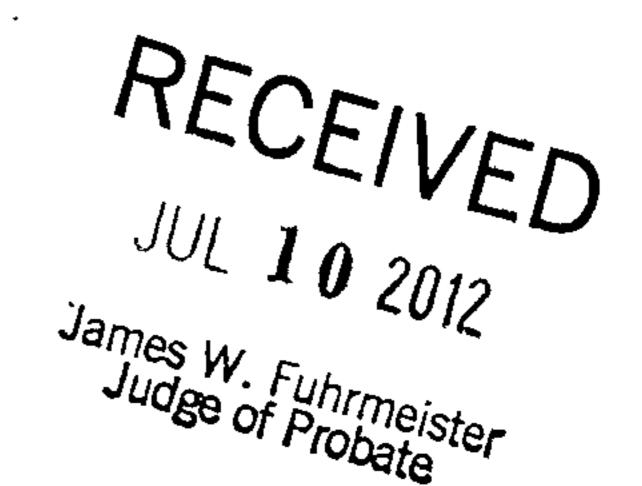
I hereby appoint the individuals listed below to act



Full Name of Candidate

Appointment of Principal Campaign Committee





Please print in ink or type.

If you are appointing others to serve as your committee, you must select at le	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 as my principal campaign committee. east two members. You may appoint up to five members. One member
should be designated as the chairperson of the committee. A second member and addresses in the spaces below. Each appointee must sign his or her nar Chairperson	-
JUANITA Horton Barky	Full Name 110NNE COSIII
Address (street or post office box) 22 4 CreeKS+CO ZIP Code City State ZIP Code	Address (street or post office box) City Address (street or post office box) State ZIP Code
(Oler4, Al. 35040.	(1/200 AL 35040)
Signature of Appointee Maria Horas Horas Suby	Signature of Appointee Cohile
Full Name (124/2ne //Ontginery)	Full Name
Address (street/br post office box) Address (street/br post office box)	Address (street or post office box)
City A State ZIP Code 35040	City State ZIP Code
Signature of Appointee Malleur Man Hanney	Signature of Appointee
Committee Wember	
Full Name	Filing Threshold Amounts for Public Offices
·	under the Fair Campaign Practices Act
Address (street or post office box)	\$25,000 State Senate seat
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 required by the Aleberra Cair Ossessins Cossessits As t

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.

	Treasurer	
Full Name		
TIONNE COSIII		
Address (street or post office box) /		
200 angle wood L		
City	State	ZIP Code
Cilera.	AL	35040
Signature of Appointee		
Linne	Cohille	
Committee Member		
Full Name	•	
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
	•	

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.

FORM REVISED 9.2.2011