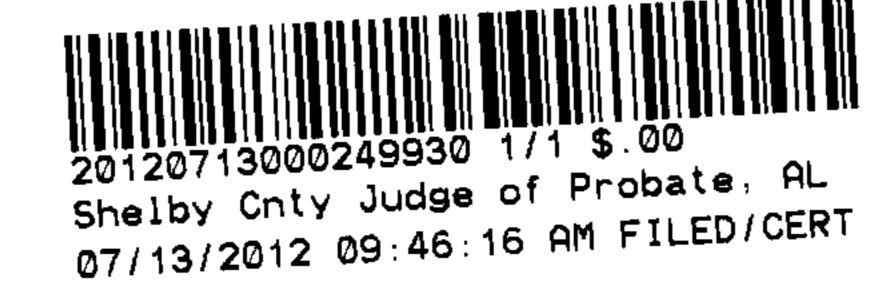
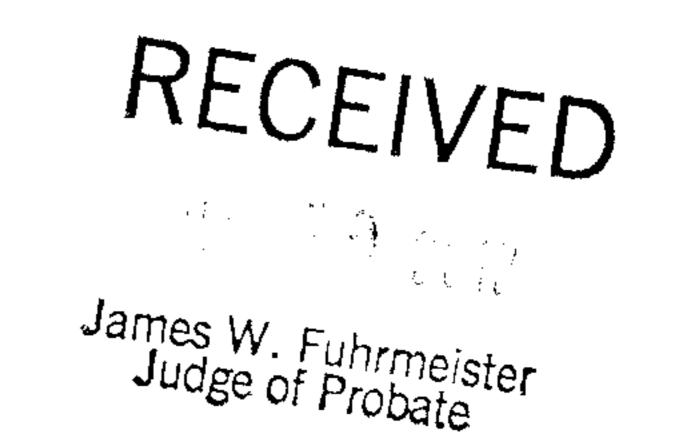


Appointment of Principal Campaign Committee





Please print in ink or type.

Full Name of Candidate	-	· · · · · · · · · · · · · · · · · · ·		reaching the threshold amount, or within five (5)
Lesie Quick	BAY	RILETT		calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an
Office Sought (include district or circuit num	ber, if applicat	ole) Politic	al Party / Ballot Affiliation	independent or third party candidate.
Heena City Qui	CIL	ace 4		Type of Committee (check one)
Address of the Committee (street or post of 42)	ice box)			appoint myself as the sole member of my principal campaign committee.
city	State	ZIP Code 35080	Telephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.
• • • •	n of the com	mittee. A second		ers. You may appoint up to five members. One member signated as the treasurer. Please clearly print their names

and addresses in the spaces below. Each appointee must sign his or her name.

Chairperson					
Full Name	j				
Ceslie Bart	ett				
Address (street or post office box)					
10 Box 421	· - · · · · · · · · · · · · · · · · · ·				
City	State	ZIP Code			
Helena	AL	35080			
Signature of Appointee	, , ,				
Redie 2	satte	tt			
	tee Memb				
Full Name					
Address (street or post office box)	· · · · · · · · · · · · · · · · · · ·				
City	State	ZIP Code			
Signature of Appointee	<u>, , , , , , , , , , , , , , , , , , , </u>				
Commit	tee Memb	ner			
Full Name					
ruir ivarrie					
					
Address (street or post office box)					
	04-4-	710 0-4-			
City	State	ZIP Code			
	<u></u>				
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.

	Treasurer		
Full Name			
Address (street or post office by			
Address (street or post office bo	JX)		
City	State	ZIP Code	
Signature of Appointee		······································	
Com	mittee Memb	er	
Full Name			
Address (street or post office bo	ox)		
City	State	ZIP Code	
Signature of Appointee		<u> </u>	

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.