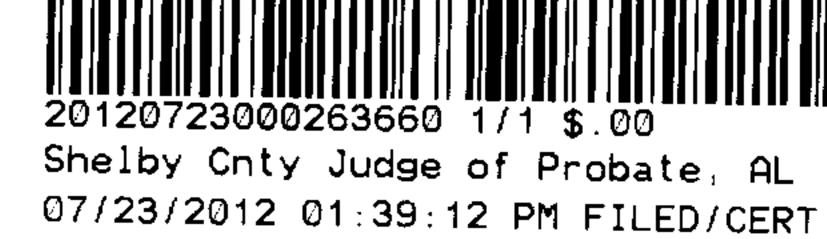
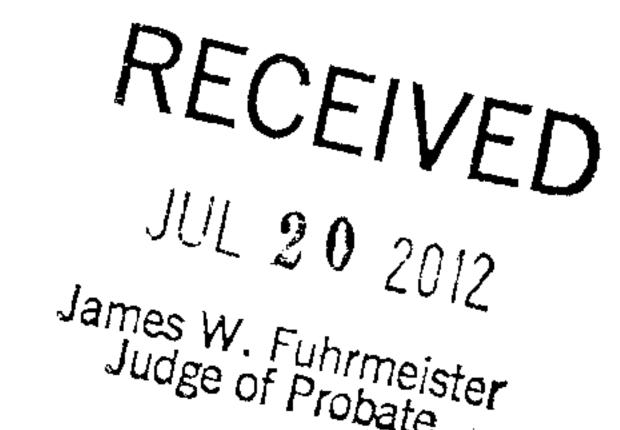


## Appointment of





## Principal Campaign Committee

| Please print in ink or type.  Full Name of Candidate  DAVED GLEWN SANDERS  Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation  COUNCEL - DESTRECT 2  Address of the Committee (street or post office box) |               |                    |                            |                               | 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) |                                 |                                       |  |
|--|---------------|--------------------|----------------------------|-------------------------------|--|---------------------------------|---------------------------------------|--|
| 4492 HWY 280   | · ·           |                    |                            | X                             |  | myself as to campaign           |                                       | e member of my<br>tee.                         |
| City<br>HARPERSVICE  | State         | ZIP Code<br>35018  |                            | 1 1                           | -  |                                 |                                       | luals listed below to a committee.             |
| If you are appointing others to serve should be designated as the chairpand addresses in the spaces below Chair Full Name  | person of the | committee. A secor | nd member should be design |                               | s the trea   |                                 | se clea                               |  |
| Address (street or post office box)  |               |                    | Address (stre              | et or pos                     | st office box  | x)                              |                                       |  |
| City   | State         | ZIP Code           | City                       |                               |  | Stat                            | te                                    | ZIP Code                                       |
| Signature of Appointee   |               |                    | Signature of A             | Appointee                     | e  |                                 |                                       |  |
| Committe   |               |                    | Comr                       | nittee M                      | embe   | r                               |                                       |  |
| Full Name  |               |                    | Full Name                  |                               |  |                                 |                                       |  |
| Address (street or post office box)  |               |                    | Address (stre              | et or pos                     | t office box   | x)                              |                                       |  |
| City   | State         | ZIP Code           | City                       |                               |  | Stat                            | te                                    | ZIP Code                                       |
| Signature of Appointee   |               |                    | Signature of A             | Appointee                     | e  |                                 | <b></b>                               |  |
| Committe   | ee Membe      | ř                  |                            | <del>,</del>                  | <u> <del></del> </u>   |                                 | . <b>-</b>                            | <u>.                                      </u> |
| Full Name  |               |                    | <b>†</b>                   | •                             |  |                                 |                                       | ublic Offices<br>ctices Act                    |
| Address (street or post office box)  |               |                    | 1                          | \$25,00<br>\$10,00            |  | Statewick<br>State Sc           |                                       |  |
| City   | State         | ZIP Code           |                            | \$5,000<br>\$5,000<br>\$1,000 |  | State H<br>Circuit of<br>County | or distri                             | · ·  |
| 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