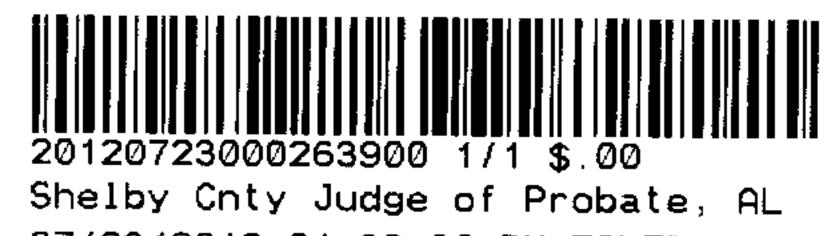
This form is due within five (5) calendar days of







Appointment of 07/23/2012 01:39:36 PM FILED/CERT Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate Elizabath M	Millan	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		
Office Sought (include district or circulation)	it number, if applicab	le) Politic	al Party / Ballot Affiliation	independent or third party candidate.
Address of the Committee (street or	nost office box)		· · · · · · · · · · · · · · · · · · ·	Type of Committee (check one)
104 Granville				I appoint myself as the sole member of my principal campaign committee.
Pelham	State	35124	Telephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.
f you are appointing others to ser should be designated as the chair	ve as your commit person of the com	tee, you must s mittee. A secon	elect at least two membe d member should be desi	rs. You may appoint up to five members. One member ignated as the treasurer. Please clearly print their names

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

Address (street or post office box) 153 Windsov Lane City State ZIP Code Signature of Appointer Committee - Member Full Name Committee Member Committee Member Full Name Address (street or post office box) City State ZIP Code Signature of Appointee	Shery	Childer	5	
Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	Address (street or post office	box)		
Committee Member Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	City		ZIP Code	
Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	<u> </u>	uldes		
Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	Co	mmittee Wemb	6lutur marketin	ರ್ಷಚಿತ್ರಗಳು
City State ZIP Code Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	Full Name			
Signature of Appointee Committee Member Full Name Address (street or post office box) City State ZIP Code	Address (street or post office	box)		
Full Name Address (street or post office box) City State ZIP Code	City	State	ZIP Code	
Address (street or post office box) City State ZIP Code	Signature of Appointee			
Address (street or post office box) City State ZIP Code	Со	mmittee Niemb	er	
City State ZIP Code	Full Name			
	Address (street or post office	box)		
Signature of Appointee	City	State	ZIP Code	<u> </u>
	Signature of Appointee		· · · · · · · · · · · · · · · · · · ·	<u> </u>

Chairperson

Full Name

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.

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State ZIP Code	 /

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ity	State	ZIP Code

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.

Signature of elected official or candidate

Date