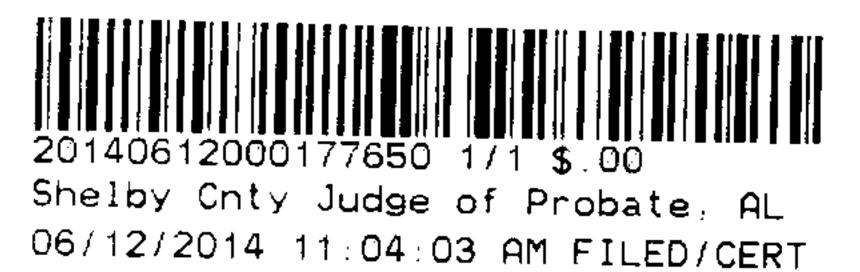
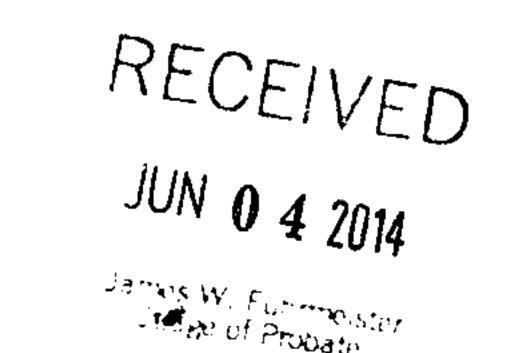


Appointment of





Principal Campaign Committee

	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						
Full Name of Candidate KENNETH W. PIDDUE							
Office Sought (include district or	· · · · · · · · · · · · · · · · · · ·		Party / Ballot Affiliation	within five (5	i) calendar days o	of filing a petition as an	
TRUSTEI= NS	independent	or third party car	ididate.				
Address of the Committee (street	DUBLICAN	Type of Committee (check one)					
4923 - ADDA		l appoint myself as the sole member of my principal campaign committee.					
City	elephone Number						
City State ZIP Code Telephone Number 35242				as my principal campaign committee.			
If you are appointing others to should be designated as the dank and addresses in the spaces	chairperson of t	he committee. A second m	nember should be design	s. You may appoinated as the tre	oint up to five mei asurer. Please cle	mbers. One member early print their names	
C	hairperson				Treasurer		
Full Name			Full Name				
Address (street or post office bo	Address (stre	Address (street or post office box)					
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee		<u>- · · · · · · · · · · · · · · · · · · ·</u>	Signature of A	Appointee			
				······································			
Com		Committee Member					
Full Name			Full Name				
Address (street or post office box	Address (stre	Address (street or post office box)					
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee	Signature of Appointee						
	·· ···································			·····			
	nittee Memi	er					
Full Name				Filing Threshold Amounts for Public Offices			
Address (street or post office box	<u> </u>				Campaign Pra	ictices Act	
	' 7			\$25,000 \$10,000	Statewide offi State Senate	-	
City	State	ZIP Code		\$5,000	State House seat		
				\$5,000 \$1,000	Circuit or distriction County or mus		
Signature of Appointee							
· · · · · · · · · · · · · · · · · · ·	···· ··· · · · · · · · · · · · · · · ·		As required	by the Alaham	a Fair Campaid	n Practices Act, I	
Where to file this form			hereby swea	ar or affirm to t	he best of my k	nowledge and belief	
 State candidates file with t 	he Office of the	Secretary of State,	that the infor	mation contair	ned herein is tru	ie and correct.	

- 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.