



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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Shelby Cnty Judge of Probate, AL  
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James W. Fuhrmeister  
Judge of Probate

# Appointment of Principal Campaign Committee

Please print in ink or type.

|                                                                                                                      |                    |                                      |                                       |
|----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------|---------------------------------------|
| Full Name of Candidate<br><i>Robert Charles Waldrop</i>                                                              |                    |                                      |                                       |
| Office Sought (include district or circuit number, if applicable)<br><i>Trustee - North Shelby Co. Fine District</i> |                    | Political Party / Ballot Affiliation |                                       |
| Address of the Committee (street or post office box)<br><i>325 Arrowhead Lane</i>                                    |                    |                                      |                                       |
| City<br><i>Indian Springs</i>                                                                                        | State<br><i>AL</i> | ZIP Code<br><i>35124</i>             | Telephone Number<br><i>[REDACTED]</i> |

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)

- ☒ I appoint myself as the sole member of my principal campaign committee.
- ☐ I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated 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                           |       |          |  |
| 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 |  |
| Signature of Appointee              |       |          |  |

| Committee Member                    |       |          |  |
|-------------------------------------|-------|----------|--|
| Full Name                           |       |          |  |
| Address (street or post office box) |       |          |  |
| City                                | State | ZIP Code |  |
| Signature of Appointee              |       |          |  |

| Treasurer                           |       |          |  |
|-------------------------------------|-------|----------|--|
| 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 |  |
| Signature of Appointee              |       |          |  |

## 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.

*Charles Waldrop*  
Signature of elected official or candidate

*5-28-14*  
Date

### 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.