





## Appointment of Shelby Cnty Judge of Prob 07/16/2014 08:53:35 AM FI Principal Campaign Committee

probate.

| Please print in ink or type.                                       |  |                                       |                          | 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 |
|--|--|---------------------------------------|--------------------------|---|
| Full Name of Candidate  ALAU JCOT REYES-GUERRA                     |  |                                       |                          |   |
|  |  |                                       |                          |   |
| TRUSTEE OF CAHABAY   | ALLEY FI                               | RESEMR PISTR                          | ext Republican           | Type of Committee (check see)   |
| Address of the Committee (street or po                             |  |                                       |                          | Type of Committee (check one)   |
| 1000 STAFFURD  | COURT                                  |                                       | <del></del>              | l appoint myself as the sole member of my principal campaign committee.   |
| BIRMINGHAM   | State                                  | 35142<br>35242                        | Telephone Number         | hereby appoint the individuals tisted below to ac as my principal campaign committee.   |
|  | erson of the                           | committee. A secon                    | d member should be desig | s. You may appoint up to five members. One member gnated as the treasurer. Please clearly print their names   |
| Chair Chair  | person                                 |                                       |                          | 1917年18日本的Treasurer。音樂時间的歌門中國語  |
| Full Name  |  |                                       | Full Name                |   |
| <del></del>  |  | ····                                  |                          |   |
| Address (street or post office box)                                |  |                                       | Address (str             | reet or post office box)  |
| City   | State                                  | ZIP Code                              | City                     | State ZIP Code  |
| Signature of Appointee   |  |                                       | Signature of             | f Appointes   |
|  |  |                                       |                          |   |
| Full Name  | se Mellini                             |                                       | Fuli Name                | Committee Member  |
| Address (street or post office box)                                | <del></del>                            | <del> </del>                          | Address (st              | reel or post office box)  |
|  | Chaha                                  | 710 0-4-                              |                          |   |
| City   | State                                  | ZIP Code                              | City                     | State ZIP Code  |
| Signature of Appointee   |  |                                       | Signature o              | of Appointee  |
| Committee Committee  | ee Membe                               |                                       |                          |   |
| Full Name  |  | -                                     | Fi                       | ling Threshold Amounts for Public Offices under the Fair Campaign Practices Act   |
| Address (street or post office box)                                |  |                                       |                          | \$25,000 State vide office<br>\$10,000 State Senate seat  |
| City   | State                                  | ZIP Code                              |                          | \$5,000 State House seat \$5,000 Circuit or district office \$1,000 County or municipal office  |
| Signature of Appointee   | ······································ |                                       |                          |   |
| Where to file this form  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · · |                          | ed by the Alabama Fair Campaign Practices Act, I<br>wear or affirm to the best of my knowledge and belief   |
| State candidates file with the C<br>located in the Alabama State C | Capitol, Room                          | n E-210. The mailing                  | that the in              | formation contained herein is true and correct.   |
| address is P.O. Box 5616, Mor                                      | ntgomery, Ala                          | bama 36103-5616.                      |                          | Leus Deura 17/11/1  |

Signature of elected official or candidate