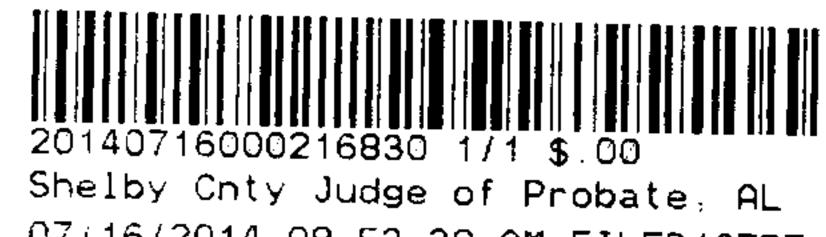


probate.



Appointment of 07/16/2014 08:53:38 AM FILED/CERT Principal Campaign Committee

RECEIVED

JUL 1 5 2014

| | | | | Judge of Probate |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Please p | rint in ink or type. | | This forms in | duo within five (5) colondor dove of |
| Bandon Keith Grahm Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation | | | 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. | |
| Address of the Committee (Street or post office | cl Rescue District | Sect of | T | ype of Committee (check one) |
| 2120kl Battermilk | Rd | | <i> </i> | int myself as the sole member of my al campaign committee. |
| | State ZIP Code Tel | lephone Number | 1 1 1 | by appoint the individuals listed below to accept principal campaign committee. |
| f you are appointing others to serve as you hould be designated as the chairperson of and addresses in the spaces below. Each | of the committee. A second m | ember should be desig | * · , | - |
| Chairperso | n | | | Treasurer |
| 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 | <u> </u> | Signature of | Appointee | |
| | | | | |
| Full Name | mper | Full Name | COI | nmittee Member |
| Address (street or post office box) | | Address (stre | et or post office | box) |
| City State | ZIP Code | City | ······································ | State ZIP Code |
| Signature of Appointee | | Signature of | Appointee | ······································ |
| Committee Me | mber | | · · · · · · · · · · · · · · · · · · · | |
| Full Name | | Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act | | |
| Address (street or post office box) | | | \$25,000 \$10,000 | Statewide office State Senate seat |
| City State | ZIP Code | | \$5,000 \$5,000 \$1,000 | State House seat Circuit or district office County or municipal office |
| Signature of Appointee | | | Ψ1,000 | County or municipal office |
| Where to file this form | | | _ | ma Fair Campaign Practices Act, I the best of my knowledge and belief |
| State candidates file with the Office of located in the Alabama State Capitol, I address is P.O. Box 5616, Montgomer | Room E-210. The mailing | that the info | rmation cont | ained herein is true and correct. |
| County and municipal candidates file v | | 12/1 | | 19-13-14 |

Signature of elected official or candidate

Date