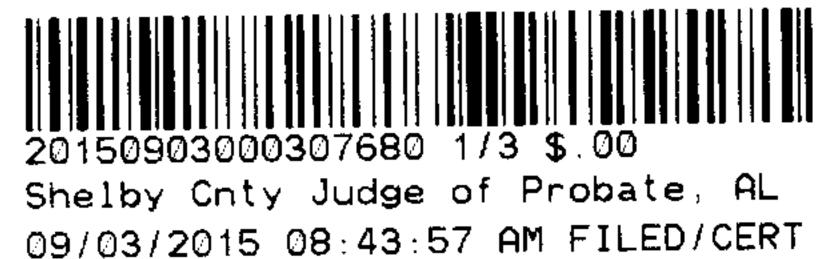


Appointment of Principal Campaign Committee



RECEIVED SEP 0 2 2015

James W. Fuhrmeister Judge of Probate

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

reaching the threshold amount, or within five (5)

I hereby appoint the individuals listed below to act

Please print in ink or type.

Full Name of Candidate	_			· · · · · · · · · · · · · · · · · · ·	threshold amount, or within five (5)
THOMAS DALL	2 NEUE	NDORF			ys of qualifying with a political party, or 5) calendar days of filing a petition as ar
Office Sought (include district or ci	rcuit number, if app	olicable) Politic	al Party / Ballot Affiliation	independen	,
MAYOR OF CH	ELSEA				uma a f Camanaidha a (abaala ana)
Address of the Committee (street		· · · · · · · · · · · · · · · · · · ·			ype of Committee (check one)
P.O. Box 29	13				nt myself as the sole member of my all campaign committee.
CHBLSEA	State AL	35043	Telephone Number	I hereb	y appoint the individuals listed below to principal campaign committee.
	airperson of the	committee. A second	d member should be desig	- •	point up to five members. One member easurer. Please clearly print their names
Ch	airperson				Treasurer
Full Name			Full Name		
LORI ANN HE	ARRIS		MA	RY CAI	MANAKEH NEWENDORF
Address (street or post office box)			1	eet or post office	-
196 LIME C	rrek L	ANE	51	CROSSBR	OOK CIRCLE
City	State	ZIP Code	City		State ZIP Code
CHELSEA	AL	35043	CH	ELSEA	AL 35043
Signature of Appointee Signature of Appointee Com Aum	lain	-	Signature of	\cap	nanch Vena
	ittee Membe			Cor	nmittee Member
Full Name			Full Name	J	
Address (street or post office box)	· · · · · · · · · · · · · · · · · · ·		Address (stre	eet or post office	box)
City	State	ZIP Code	City	· · · · ·	State ZIP Code
Signature of Appointee	<u> </u>	<u> </u>	Signature of	Appointee	
Comm	ittee Membe	:r		· .	
Full Name	•		Fil	ing Threshol	d Amounts for Public Offices
				under the Fa	ir Campaign Practices Act
Address (street or post office box)				\$1,000	Statewide office
				\$1,000	State Senate seat
City	State	ZIP Code		\$1,000	State House seat
•				\$1,000 \$1,000	Circuit or district office County or municipal office
Signature of Appointee		· · · · · · · · · · · · · · · · · · ·			
Signature of Appointee					

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.

· · · · · · · · · · · · · · · · · · ·	Treasurer	
Full Name	IICasaici	
MARY CAI	VANAKEH /	NEUENIDORF
Address (street or post office	_	
51 CROSSBR	OOK CIRC	LE
City	State	ZIP Code
CHELSEA	AL	35043
Signature of Appointee	mangh	June -
Cor	nmittee Memb	er
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

\$1,000	Statewide office
\$1,000	State Senate seat
\$1,000	State House seat
\$1,000	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

FORM REVISED 4.13.2015

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Hemas DALE がというないるが



3000.00	IS PAGE	HI S		RIBU	TOTAL CASH CONT	ORM REVISED 9.2.2011
				<u></u>		
07680 2/3 \$.00 Judge of Probate, AL 8:43:57 AM FILED/CERT	20150903000307680 2/3 Shelby Cnty Judge of P 09/03/2015 08:43:57 AM					
3000.00	8//21/15			<u> </u>	SI CROSSBREEK CIRCLE CHELSEA AL 35043	THOMAS DAKE NEWBOAT
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Corporation	(ADDRESS SHOULD IN	(INCLUDE FULL NAME)
		E)	TRIBU TRIBU	OF CON		ATDIDITY
	to be itemized.	source ings	m that ose listi	tions from 4 for tho	tions from a single source exceed \$100.00, the FCPA requires all contribu	When total contribut D

ALABAMA FAIR CAMPAIGN PRAC TICES A AMPAIGN FINANCE REPORT FOR NDIDATE Qo E TED

FOR Y **U** Expendi D S рy candidate elected 0 fficial

NAME OF CANDIDATE OR ELECT ED OFFICIAL:

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recipient

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that

be

itemized.



FORM REVISED 9.2.2011 POSTAL PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) ~ 941 SERVICE When total expenditures IN 18 S Sulph Z 4 BA STREET 12 ADDRESS SHOULD II OR P.O. BOX, CITY, S single 00 W INCLUDE STATE, AND ZIP) exceed 00 S 100.00, Administrative Advertising Consultants/ Polling Contribution PURPOSE OF E TOTAL Food Fundraising **EXPENDITURES** Loan EXPENDITURE CK ONE) Repayment expenditures Lodging Transportation OTHER GIVE BRIEF LANATION SIHT recipient 20 She 09/ PAGE EXPENDITURE ∞ om_o 5 AMOUNT OF EXPENDITURE /3 \$ 00 AM FILED/CERT 560 96