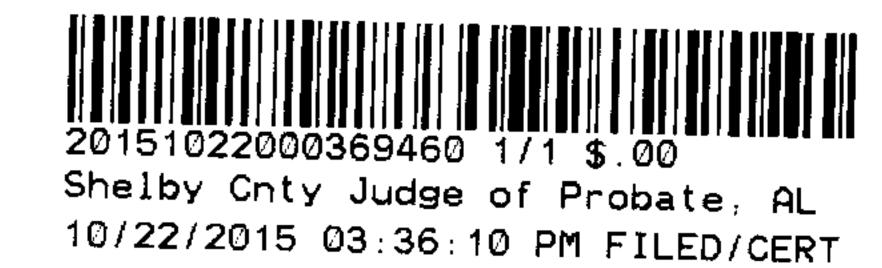
Appointment of Principal Campaign Committee



Please print in ink or type. E-mail address is required.				This form is due within five (5) calendar days of reaching the threshold amount, or within five (5)		
Full Name of Candidate E-mail Address of Candidate			, , ,	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.		
LORI ANN FRASURE OM			FORJUDGE@GMAIL.C			
Office Sought (include distric or circuit number, if applicable) Political Party / Bal			Ballot Affiliation			
DISTRICT COURT JUDGE,	Republican		Type of Committee (check one)			
Address of the Committee (street	t or post office box)			X I appoint	myself as the sole member of my	
P.O. BOX 561				principal o	campaign committee.	
City	State	ZIP Code	Telephone Number	hereby a	appoint the individuals listed below to	
CALERA	AL	35040		act as my principal campaign committee.		
should be designated as the	to serve as your committee, you chairperson of the committee low. Each appointee must sign	e. A second member s	7		nembers. One member clearly print their names and	
Chairperson					reasurer	
Full Name Email Address(re		juired)	Full Name		Email Address(required)	
Address (street or post office box)			Address (street or po	Address (street or post office box)		
Oth .	**************************************					
City	State ZIP Code		City		State ZIP Code	
Signature of Applicant			Signature of Applican	t		
Committee Member				Committee Member		
Full Name	Email Address(red	uired)	Fuli Name		Email Address(required)	
Address (street or post office box	;)		Address (street or pos	st office box)		
City	State ZIP Code		City	State ZIP Code		
Signature of Applicant			Signature of Applican	t		
	Committee Member					
Full Name	Email Address(req	Email Address(required)		Filing Threshold Amounts for Public Offices under the Fair 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	Circuit or district Office	
Signature of Applicant	<u> </u>	· · · · · · · · · · · · · · · · · · ·		\$1,000	County or municipal office	
organis or Applicant			As required	by the Alahama Fa	ir Campaign Act, I hereby swear or affirm t	
Where to file this	form	<u>, , </u>	•	ny knowledge and l	belief that the information contained herein	

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 or probate.

Signature of elected official or candidate

10/22/2015

Date

FORM REVISED 11.22.2012