

## Appointment of Appointment of Shelby Cnty Judge of Pro 11/02/2015 12:59:45 PM F Principal Campaign Committee

Where to file this form ...

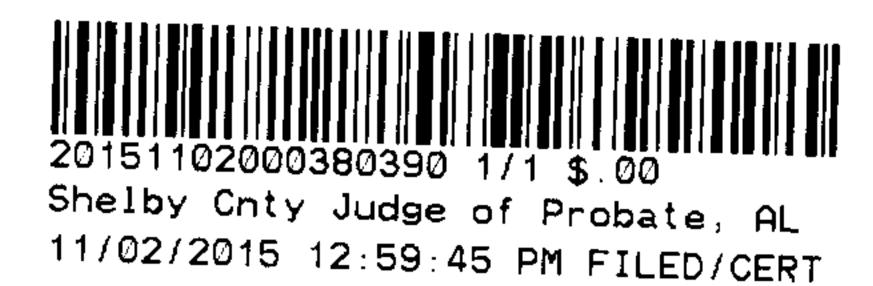
probate.

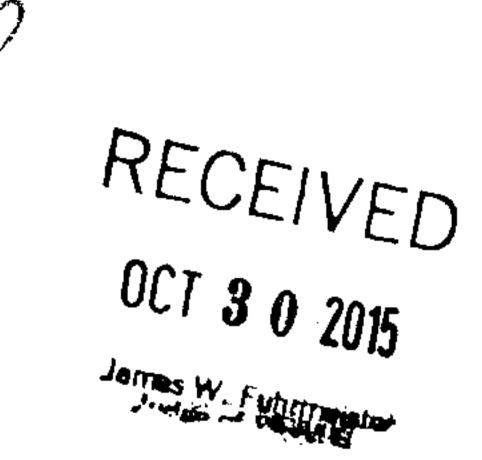
State candidates file with the Office of the Secretary of State,

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





Please print in ink or type. This form is due within **five** (5) calendar days of reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) independent candidate. Type of Committee (check one) Address of the Committee (street or post office box) I appoint myself as the sole member of my principal campaign committee. ZIP Code Telephone Number State 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. Treasurer Chairperson Full Name Full Name Address (street or post office box) Address (street or post office box) ZIP Code ZIP Code City State City State Signature of Appointee Signature of Appointee **Committee Member Committee Member** Full Name Full Name Address (street or post office box) Address (street or post office box) City ZIP Code ZIP Code City State State Signature of Appointee Signature of Appointee Committee Member Full Name 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 \$1,000 State House seat City ZIP Code State \$1,000 Circuit or district office \$1,000 County or municipal office Signature of Appointee As required by the Alabama Fair Campaign Practices Act, I

Date •

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