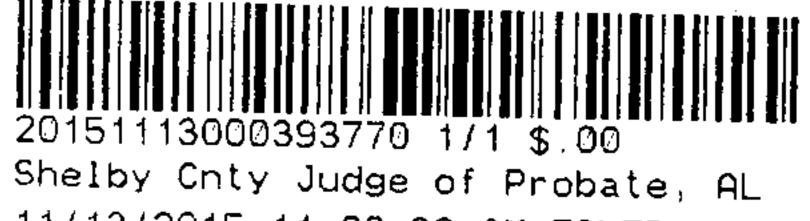
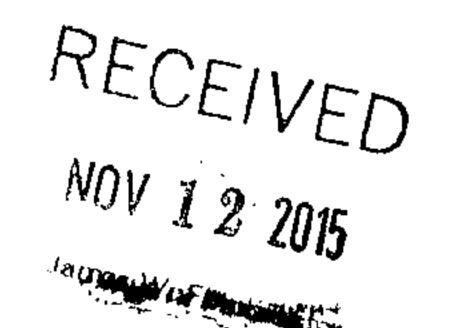


## Appointment of 11/13/2015 11:00:39 AM FILED/CERT Principal Campaign Committee





| Please print in ink or type.   | This form is due within five (5) calendar days of   |
|--|---|
| Full Name of Candidate  DAUID ELWTH BEARDEN  | reaching the threshold amount, or within <b>five</b> (5)  calendar days of qualifying with a political party, or  within <b>five</b> (5) calendar days of filing a petition as an |
| Office Sought (include district or circuit number, if applicable) Political Party / Ba   | allot Affiliation independent candidate.  |
| COUNT COMMISSIMEN KOPU   | Type of Committee (check one)   |
| Address of the Committee (street or post office box)  3495 じんだうにんしんべき  | appoint myself as the sole member of my principal campaign committee.   |
| City State ZIP Code Telephone  AL 35080  |   |
| If you are appointing others to serve as your committee, you must select at lea should be designated as the chairperson of the committee. A second member and addresses in the spaces below. Each appointee must sign his or her nam | should be designated as the treasurer. Please clearly print their names   |
| Chairperson  | Treasurer   |
| Full Name  TOAVIO ELWYN BEARDEN  | Full Name   |
| Address (street or post office box)  | Address (street or post office box)   |
| City State ZIP Code 35000  | City State ZIP Code   |
| 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 State ZIP Code  | City State ZIP Code   |
| 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<br>\$1,000 State Senate seat   |
| City State 71D Code  | \$1,000 State House seat  |

## Where to file this form ...

Signature of Appointee

City

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.

State

ZIP Code

County and municipal candidates file with their county's judge of probate.

| 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.    |

Circuit or district office

County or municipal office

11-12-15 Signature of elected official or candidate Date

\$1,000

\$1,000