



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <i>John Bradley Lyda</i>			
Office Sought (include district or circuit number, if applicable) <i>Hoover City Council, place 3</i>		Political Party / Ballot Affiliation <i>N/A</i>	
Email Address of the Candidate <i>electjohnlyda@gmail.com</i>			
Address of the Committee (street or post office box) <i>3404 Tamasssee Ln.</i>			
City <i>Hoover</i>	State <i>AL</i>	ZIP Code <i>35226</i>	Telephone Number

THIS AREA FOR OFFICIAL USE ONLY

FILED IN OFFICE PROBATE COURT
APR 28 2016
ALAN L. KING Judge of Probate
E.O.D.

RECEIVED  
MAY 11 2016  
James W. Fuhrmeister  
Judge of Probate

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 candidate.

Type of Committee (check one)

- ☒ I appoint myself as the sole member of my principal campaign committee.
- ☐ 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.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
<i>Beth K. Lyda BLYDA95@GMAIL.COM</i>			
Address (street or post office box) <i>3404 Tamasssee Ln. Hoover 35226</i>			
City <i>Hoover</i>	State <i>AL</i>	ZIP Code <i>35226</i>	
Signature of Appointee <i>Beth K. Lyda</i>			

**A note regarding the dissolution designee ...**

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

**Where to file this form ...**

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

*John B. Lyda*  
Signature of elected official or candidate

*4/25/16*  
Date



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Shelby Cnty Judge of Probate, AL  
05/11/2016 01:49:03 PM FILED/CERT

FORM REVISED 1.28.2016