

## Appointment of Principal Campaign Committee

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|  |   |  | •                               | TOTAL TOTAL CONTROL OF THE PARTY OF THE PART |  |
|--|---|--|---------------------------------|--|--|
|  | Please prin   | nt in ink or type.                         |                                 |  |  |
| Full Name of Candidate   |   |  |                                 | 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  |  |
| Cours.   | ,   |  | R - 1                           | independent candidate.   |  |
| Address of the Committee (stre   |   | ex)  | 7,56-                           | Type of Committee (check one)  |  |
| City 8. 0_1-   | 20) 2<br>Sta  | 06   | T-:                             | l appoint myself as the sole member of my principal campaign committee.  |  |
| Harpers  | <u> </u>  | ite ZIP Code                               | Telephone Number                | I hereby appoint the individuals listed below to act as my principal campaign committee.   |  |
| f you are appointing others to<br>should be designated as the<br>and addresses in the spaces   |   |  | illi illemiller bralla es sasis | s. You may appoint up to five members. One member mated as the treasurer. Please clearly print their names   |  |
|  | hairperson  |  |                                 | Treasurer  |  |
| ull Name   |   |  | Full Name                       | Full Name  |  |
| Address (street or post office box)  |   |  | Address (stre                   | Address (street or post office box)  |  |
| City   | State   | ZIP Code                                   | City                            | State ZIP Code   |  |
| Signature of Appointee   |   | Signature of                               | Signature of Appointee          |  |  |
| Com  | mittee Memb   | ner  |                                 |  |  |
| Full Name  |   |  | Full Name                       | Committee Member   |  |
| Address (street or post office bo  | x)  | <u> </u>                                   | Address (stre                   | et or post office box)   |  |
| City .   | State   | ZIP Code                                   | City                            | State ZiP Code   |  |
| Signature of Appointee   |   |  | Signature of A                  | Appointee  |  |
| Comr   | mittee Memb   | er   |                                 | ······································   |  |
| ull 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   | ZIP Code                                   |                                 | \$1,000 State House seat \$1,000 Circuit or district office \$1,000 County or municipal office   |  |
| Signature of Appointee   |   | •  |                                 |  |  |
| Vhere to file this form State candidates file with to located in the Alabama State address is P.O. Box 5616, County and municipal cand | the Office of the<br>ate Capitol, Roo<br>Montgomery, Al | m E-210. The mailing<br>labama 36103-5616. | hereby sweathat the Info        | by the Alabama Fair Campaign Practices Act, I ar or affirm to the best of my knowledge and belief rmation contained herein is true and correct.  |  |

Date