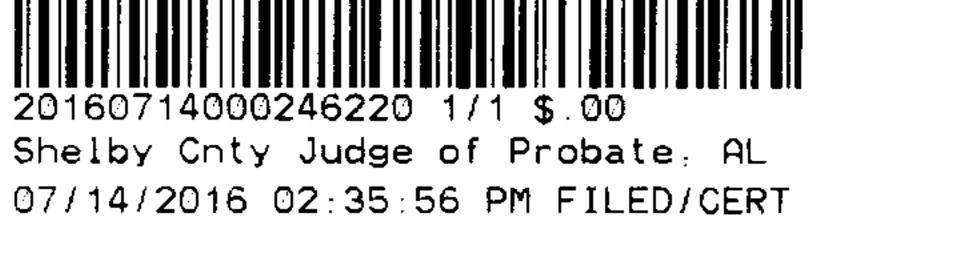


## Appointment of Principal Campaign Committee



RECEIVED JUL 1 3 2016

						CTC 4 <b>119</b>	
	Please prin	nt in ink or type.		Thio form in	رور المراجعة المراجع	*\	
Full Name of Candidate  WANGE Spught (include district or circuit number, if applicable)  Political Party / Ballot Affiliation					This form is due within <b>five</b> (5) calendar days of 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 independent candidate.  Type of Committee (check one)		
ViNEENT, Al District 5							
Address of the Committee (		I appoint myself as the sole member principal campaign committee.		ole member of my			
City/NCON+	Sta	te ZIP Cod	e Telephone Number	I hereb		viduals listed below to ac	
If you are appointing other should be designated as the and addresses in the space	the chairperson of the	he committee. A sec	t select at least two members and member should be design is or her name.	s. You may app mated as the tre	oint up to five me easurer. Please cl	mbers. One member early print their names	
	Chairperson				Treasurer		
Full Name			Full Name				
Address (street or post office	e box)		Address (stre	Address (street or post office box)			
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee			Signature of A	Appointee			
Co	mmittee Memb	)Or		Com	ımittee Memb	ar	
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 A	Appointee	<u></u>		
Coi	mmittee Memb	er		<u> </u>	<del></del>		
Full Name			1	Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act			
Address (street or post office		\$1,000 Statewide office \$1,000 State Senate seat					
City	State	ZIP Code		\$1,000 \$1,000 \$1,000	State House s Circuit or distr County or mu	ict office	
Signature of Appointee				, <u>, , , , , , , , , , , , , , , , , , </u>			
			,	_		n Practices Act, I nowledge and belief	

## Where to file this form ...

- ▶ 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 probate.

that the information contained herein is true and correct.

Signature of elected official or capdidate