

Chilton County, Alabama Judge Robert M. Martin

THIS AREA FOR OFFICIAL USE ONLY



Shelby Cnty Judge of Probate, AL 07/19/2016 09:37:51 AM FILED/CERT

This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

Principal Campaign Committee

Please print in ink or type.

Candidates who choose to be the sole member of their principal campaign

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

committee must choose a designee to dissolve the committee due to the

possibility of death or incapacitation of the candidate.

municipal canidates file with their county's judge of probate.

Where to file this form ...

Office Sought (include district or circuit number, if applicable) Pull Name of Candidate VENCON KOL SNOW EN LURNER Political Party	Denceral calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.
LTU CUMUII MEMBER	Type of Committee (check one)
Email Address of the Candidate Kay Sniwlen Turner 2016 a Gmail. Address of the Committee (street or post office box)	I appoint myself as the sole member of my principal campaign committee.
PO 20X 680	one Number as my principal campaign committee.
, and the second adjust of	t least two members. You may appoint up to five members. One member ber should be designated as the treasurer. Please clearly print their names name.
Chairperson Chairperson	Email Address
Full Name MARKUS H. SNOWEN MNSNOWLONG	JUENOON Kay Shouden hunger Hay Sovendenty
Address (street or post office box)	Address (street or post office box) PQPX 680
City LeRA AL 35040	Cit Calera 35040
Signature of Appointee A A A A A A A A A A A A A A A A A A	Signature of Appointee, Sundanduration of Appointee
Committee Wember	Committee Wember
Fall Name Fall Name Law Snattafram Law Snat	
Address (street or post office box)	Address (street or post office box) State ZIP Code
City State ZIP Code	City State ZIP Code
City Calera 15040	
Signature of Appointee,	Signature of Appointee
Signature of Appointee, Signature of Appointee,	Signature of Appointee Committee Dissolution Designee
Signature of Appointee, Signat	Signature of Appointee Committee Dissolution Designee
Signature of Appointee, Signat	Signature of Appointee Committee Dissolution Designee
Signature of Appointee	Signature of Appointee Committee Dissolution Designee Full Name Email Address Address (street or post office box) City
Signature of Appointee Signature of Appointee Committee Member Full Name Email Address Address (street or post office box)	Signature of Appointee Committee Dissolution Designee Full Name Email Address Address (street or post office box)

FORM REVISED 1.28.2015

that the information contained herein is true and correct.