

Appointment of Principal Campaign Committee



20100912000330120 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/12/2016 12:08:30 PM FILED/CERT

Please print in ink or type.

Office Sought (include district or circuit number, if applicable) Address of the Committee (street or post office box) City State City Candidate Reynolds Political Party / Ballot Affiliation Political Party / Ballot Affiliation Political Party / Ballot Affiliation The Committee (street or post office box) State ZIP Code Telephone Number						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.		
Vincent		AL	35178			E 6	y appoint the indi- principal campaig	viduals listed below to act n committee.
If you are appointing others to se should be designated as the chair and addresses in the spaces below	rperson of tow. Each ap	he comm ppointee r	ittee. A secon	d member should b	members. be designa	You may appointed as the tre	easurer. Please cl	mbers. One member early print their names
	rperson						Treasurer	
Full Name				Full	l Name			
Address (atrest or post office boy)	·							
Address (street or post office box)				Ada	aress (street	or post office t	oox)	
City	State	ZIP (Code	City	/	····	State	ZIP Code
Signature of Appointee	<u> </u>			Sign	nature of Ap	pointee		······································
<u> </u>							····	
Commit		Committee Member						
Full Name				Full	l Name			
Address (street or post office box)	· -			Addı	dress (street	or post office b	ox)	
City	State	ZIP C	Code	City	<u> </u>		State	ZIP Code
Signature of Appointee		<u> </u>		Sign	nature of App	pointee		
Commit	tee Mem	ner				· <u>·····</u> ····		
Full Name					Filing	Threshold	d Amounts for	Public Offices
		under the Fair Campaign Practices Act						
Address (street or post office box)					-	1,000 1,000	Statewide off State Senate	
City	State	ZIP C	ode		\$	1,000 1,000 1,000	State House Circuit or dist County or mu	
Signature of Appointee				A =	o an dead be	, the Aleber	ma Fair Campai	an Practices Act I
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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.

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.

Signature of elected official or candidate

19-12-16