



# Appointment of Principal Campaign Committee

**FILED**  
**JUN 08 2016**

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please print in ink or type.

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.

Full Name of Candidate <b>GARY SCOTT Reeves</b>			
Office Sought (include district or circuit number, if applicable) <b>MAYOR</b>		Political Party / Ballot Affiliation <b>NA - MUNICIPAL</b>	
Email Address of the Candidate <b>gsreeves52@gmail.com</b>			
Address of the Committee (street or post office box) <b>7271 Beeird RD.</b>			
City <b>HOKES BLUFF,</b>	State <b>AL.</b>	ZIP Code <b>35903</b>	Telephone Number <b>256-312-2515</b>

**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				Treasurer			
Full Name <b>GARY SCOTT Reeves</b>		Email Address <b>gsreeves52@gmail.com</b>		Full Name <b>STACY MASON Reeves</b>		Email Address <b>ssdereeves@gmail.com</b>	
Address (street or post office box) <b>7271 Beeird RD.</b>				Address (street or post office box) <b>7271 Beeird RD.</b>			
City <b>HOKES BLUFF,</b>	State <b>AL.</b>	ZIP Code <b>35903</b>		City <b>HOKES BLUFF,</b>	State <b>AL.</b>	ZIP Code <b>35903</b>	
Signature of Appointee <b>Scott Reeves</b>				Signature of Appointee <b>Stacy Mason Reeves</b>			
Committee Member				Committee Member			
Full Name		Email Address		Full Name		Email Address	
Address (street or post office box)				Address (street or post office box)			
City	State	ZIP Code		City	State	ZIP Code	
Signature of Appointee				Signature of Appointee			
Committee Member				Committee Dissolution Designee			
Full Name		Email Address		Full Name		Email Address	
Address (street or post office box)				Address (street or post office box)			
City	State	ZIP Code		City	State	ZIP Code	
Signature of Appointee				Signature of Appointee			

**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.

**Scott Reeves** | **6-8-16**  
Signature of elected official or candidate | Date