

Appointment of Principal Campaign Committee

FILED

JUL 28 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please print in ink or type.	This form is due within five (5) calendar days of	
Full Name of Candidate	reaching the threshold amount, or within five (5)	
Thomas Roy Sternphala	calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an	
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	independent or third party candidate.	
Sorids Pour City Convel 713	Type of Committee (check one)	
Address of the Committee (street or post office box)	l appoint myself as the sole member of my	
11670 497411 43/	principal campaign committee.	
City State ZIP Code Telephone Number	I hereby appoint the individuals listed below to ac as my principal campaign committee.	
f 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	

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.

Chair	person	
Full Name		
Address (street or post office box)	-	·
City	State	ZIP Code
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·	
Committ	ee Memb	er
Full Name		
Address (street or post office box)	****	
City	State	ZIP Code
Signature of Appointee	·	,
Commit	tee Memb	per
Full Name		
Address (street or post office box)	· .	
City	State	ZIP Code
Signature of Appointee		

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.

ull Name		
	•	
Address (street or post of	office box)	· ·
		. %
City	State	ZIP Code
	٠	
Signature of Appointee		

Committee Member			
Full Name			· v
Address (street or pos	st office box)		
City	State	ZIP Code	
Signature of Appointe	ee		

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

\$25,000	Statewide office
\$10,000	State Senate seat
\$5,000	State House seat
\$5,000	Circuit or district office
\$1,000	County or municipal office

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