

Appointment of Principal Campaign Committee

FILED

JUL 05 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

I hereby appoint the individuals listed below to act

	Please print in	n ink or type.			
Full Name of Candidate	13,100	This form is due within five (5) calendar days of reaching the threshold amount, or within five (5)			
Office Sought (include district or ci	rouit number, if any	plicable) Politi) L	A 550	calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as ar
ATTALLA C	1 To 1 5	Chood Foiling	ical Party / Ballot	Affiliation	independent or third party candidate.
Address of the Committee (street of	or post office box)		OIII		Type of Committee (check one)
904 CHSE 1	4VE-				appoint myself as the sole member of my
City	State	ZIP Code	Telephone Nur	nber	principal campaign committee.
17/1/12/	AS.	35954	256-613	3-3800	I hereby appoint the individuals listed below to as my principal campaign committee.
and addresses in the spaces be	low. Each appo	nmittee, you must s committee. A secon intee must sign his	select at least to ad member sho or her name.	vo members. uld be desigr	s. You may appoint up to five members. One member nated as the treasurer. Please clearly print their names
	airperson				Treasurer
Full Name				Full Name	•
Address (street or post office box)			_	Address (stree	eet or post office box)
City	State	ZIP Code		City	State ZIP Code
Signature of Appointee				Signature of A	Appointee
Commi	ttee Member				Committee Member
Full Name				Full Name	Committee Member
Address (street or post office box)			-	Address (stree	et or post office box)
City	State	ZIP Code	7	City	State ZIP Code
Signature of Appointee				Signature of Ap	ppointee
Commit	tee Member				<u> </u>
Full Name	*	·			ng Threshold Amounts for Public Offices
Address (street or post office box)			-	\$	\$25,000 Statewide office
City	State	ZIP Code		\$	\$10,000 State Senate seat \$5,000 State House seat \$5,000 Circuit or district office
Signature of Appointee			_	<u> </u>	\$1,000 County or municipal office
Mhoro to file this f			_	s required b	by the Alabama Fair Campaign Practices Act. I

here 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.

Treasurer				
Full Name		-		
	•			
Address (street or post office	e box)			
City	State	ZIP Code		
Signature of Appointee			<u> </u>	
	mmittee Memb)er	<u> </u>	
Full Name				

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

	\$25,000 \$10,000 \$5,000 \$5,000 \$1,000	Statewide office State Senate seat State House seat Circuit or district office County or municipal office
Tourity or municipal offi	φ1,000	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.