



# Appointment of Principal Campaign Committee

**FILED**

**JUL 20 2016**

**BOBBY M. JUNKINS  
JUDGE OF PROBATE**

Please print in ink or type.

Full Name of Candidate <b>CHRISTOPHER BENJAMIN ROYAL</b>			
Office Sought (include district or circuit number, if applicable) <b>SARDIS CITY COUNCIL PLACE #4</b>		Political Party / Ballot Affiliation <b>REPUBLICAN</b>	
Address of the Committee (street or post office box) <b>1901 OAK DRIVE</b>			
City <b>SARDIS CITY</b>	State <b>AL</b>	ZIP Code <b>35956</b>	Telephone Number <b>(256) 593-5096</b>

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 or third party candidate.

**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			
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

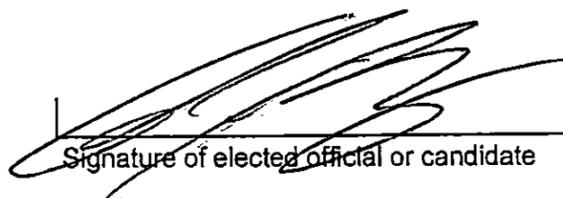
**Filing Threshold Amounts for Public Offices  
under the Fair Campaign Practices Act**

\$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

**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

**7/20/16**  
Date