



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

FILED
JUL 25 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

THIS AREA FOR OFFICIAL USE ONLY
FILED IN OFFICE

Appointment of Principal Campaign Committee

JUL 12 2016

TIM MITCHELL
JUDGE OF PROBATE

Please print in ink or type.

Full Name of Candidate <i>Jeffery Allen Sims</i>			
Office Sought (include district or circuit number, if applicable) <i>Boaz City Council Place 4</i>		Political Party / Ballot Affiliation	
Email Address of the Candidate <i>jsims1237@gmail.com</i>			
Address of the Committee (street or post office box) <i>295 Fuller Rd Boaz, AL 35957</i>			
City <i>Boaz</i>	State <i>AL</i>	ZIP Code <i>35957</i>	Telephone Number <i>256-558-1237</i>

BY: _____

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.
- 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	Email Address		
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

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

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

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

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

Committee Dissolution Designee			
Full Name	Email Address		
<i>Emily Sims</i>	<i>emily.mauldin09@gmail.com</i>		
Address (street or post office box) <i>295 Fuller Rd</i>			
City <i>Boaz</i>	State <i>AL</i>	ZIP Code <i>35957</i>	
Signature of Appointee <i>Emily Sims</i>			

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.

Signature of elected official or candidate: *Jeffery Sims* Date: *7-11-16*