



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED

JUL 14 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

THIS AREA FOR OFFICIAL USE ONLY

FILED IN OFFICE

JUL 11 2016

TIM MITCHELL
JUDGE OF PROBATE

Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <i>Jeffery Glen Davis</i>			
Office Sought (include district or circuit number, if applicable) <i>Boaz City Council Place 2</i>		Political Party / Ballot Affiliation	
Email Address of the Candidate <i>caronsdavis@yahoo.com</i>			
Address of the Committee (street or post office box) <i>89 Kilpatrick Dr.</i>			
City <i>Boaz</i>	State <i>AL</i>	ZIP Code <i>35957</i>	Telephone Number <i>256-572-0077</i>

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				Treasurer			
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 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			
				<i>Caron Suzanne Davis</i>		<i>caronsdavis@yahoo.com</i>	
Address (street or post office box)				<i>89 Kilpatrick Dr.</i>			
City	State	ZIP Code		City	State	ZIP Code	
<i>Boaz</i>	<i>AL</i>	<i>35957</i>		<i>Boaz</i>	<i>AL</i>	<i>35957</i>	
Signature of Appointee				<i>Caron Suzanne Davis</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

7-7-2016
Date