

Appointment of Principal Campaign Committee

FILED

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SCOTT W. HASSELL

Plea	se print in	This form is due within five (5) calendar days of		
Full Name of Candidate	D II			reaching the threshold amount, or within five (5)
Kenneth Duane	Isall			calendar days of qualifying with a political party, or
Office Sought (include district or circuit n	umber, if applic	able) Politic	al Party / Ballot Affiliation	within five (5) calendar days of filing a petition as an independent or third party candidate.
Attalla City Counc	1 Dist	mict 1		independent of third party candidate.
Address of the Committee (street or past	office box)	1101		Type of Committee (check one)
620 Line St				appoint myself as the sole member of my
City	State	ZIP Code	Telephone Number	
Attalla	AL	35954	256-490-0376	I hereby appoint the individuals listed below to act as my principal campaign committee.
City	State		. Voltan	principal campaign committee I hereby appoint the individuals listed below to ac

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.

		pp =es ;ast olg !!	
Cha Full Name	irperson		
ruii ivame			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
Commit	tee Mem	ber	
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			7.0000000000000000000000000000000000000
Committ	ee Memi	oer .	
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.

	Treasurer	
Full Name		
Address (street or pos	t office box)	
City	State	ZIP Code
Signature of Appointee)	
	Committee Memb	oer .
Full Name		

Address (street or post o	ffice box)	
City	State	ZIP Code

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.

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Signature of elected official or candidate