



Appointment of Principal Campaign Committee

FILED
FEB 07 2014

Please print in ink or type.

**BOBBY M. JUNKINS
JUDGE OF PROBATE**

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.

| | | | |
|---|--------------------|--------------------------------------|--|
| Full Name of Candidate <i>Robin Grant Democrat</i> | | | |
| Office Sought (include district or circuit number, if applicable) <i>Coroner</i> | | Political Party / Ballot Affiliation | |
| Address of the Committee (street or post office box) <i>4680 McCourt Rd</i> | | | |
| City <i>Aitona</i> | State <i>AL</i> | ZIP Code <i>35952</i> | Telephone Number <i>256-4586846</i> |

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 <i>Robin Grant</i> | | | |
| Address (street or post office box) <i>4680 McCourt Rd</i> | | | |
| City <i>Aitona</i> | State <i>AL</i> | ZIP Code <i>35952</i> | |
| Signature of Appointee <i>Robin Grant</i> | | | |

| Treasurer | | | |
|---|--------------------|--------------------------|--|
| Full Name <i>Robin Grant</i> | | | |
| Address (street or post office box) <i>4680 McCourt Rd</i> | | | |
| City <i>Aitona</i> | State <i>AL</i> | ZIP Code <i>35952</i> | |
| Signature of Appointee <i>Robin Grant</i> | | | |

| 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.

Robin Grant | 2-7-14 |
Signature of elected official or candidate | Date