

Where to file this form ...

probate.

▶ 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

Appointment of Principal Campaign Committee

FILED

JUL 03 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

-	-			
Please print in ink or type.				This form is due within five (5) calendar days of
Full Name of Candidate				reaching the threshold amount, or within five (5)
ISEN	Leed			calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an
Office Sought (include district or circuit r	number, if applica	b le) Politic	cal Party / Ballot Affiliation	independent or third party candidate.
COUNCIL Dista	21'ct 7		LON-PARTISAN	Type of Committee (check one)
Address of the Committee (street or pos	•		:	
917 Bellevue	<u> : DR.</u>			I appoint myself as the sole member of my principal campaign committee.
CAdsden	State	ZIP Code	Telephone Number	I hereby appoint the individuals listed below to act
<u>Unasden</u>	AL	35 904	256-546-4762	as my principal campaign committee.
f you are appointing others to serve should be designated as the chairpe and addresses in the spaces below.	erson of the cor	nmittee. A secoi	nd member should be desig	s. You may appoint up to five members. One member nated as the treasurer. Please clearly print their names
Chairp	person			Treasurer
Full Name			Full Name	
Address (street or post office box)			Address (stre	eet or post office box)
City	State 2	ZIP Code	City	State ZIP Code
Signature of Appointee		·	Signature of	Appointee
Signature of Appointos				
Committe	ee Member			Committee Member
Full Name			Full Name	
Address (street or post office box)			Address (str	reet or post office box)
City	State	ZIP Code	City	State ZIP Code
Signature of Appointmen	······································		Signature of	f Appointee
Signature of Appointee				
Committe	ee Member			
Full Name			Fi	ling Threshold Amounts for Public Offices
				under the Fair Campaign Practices Act
Address (street or post office box)		- ··· — — — — — — — — — — — — — — — — —		\$25,000 Statewide office
				\$10,000 State Senate seat \$5.000 State House seat
City	State	ZIP Code		\$5,000 State House seat \$5,000 Circuit or district office
-				\$1,000 County or municipal office
Signature of Appointee				
			As require	ed by the Alabama Fair Campaign Practices Act, I
Where to file this form			hereby sw	vear or affirm to the best of my knowledge and belie

that the information contained herein is true and correct.

Signature of elected official or candidate