

Appointment of Principal Campaign Committee

FILED

JUL 18 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

I hereby appoint the individuals listed below to act

as my principal campaign committee.

Please print in ink or type.	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 filings and the calendar days of filings and the calendar days of filings and the calendar days of filings are still as a calendar days of the calendar days of t	
Billy F. BillinGsley SR.		
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	within five (5) calendar days of filing a petition as an independent or third party candidate.	
CITY COUNCIL MAN DISTRICT 5 Dem	Type of Committee (check one)	
Address of the Committee (street or post office box)	Jes of Committee (Shook Sho)	
931 HOLLY ST.	l appoint myself as the sole member of my principal campaign committee.	
City State 7ID Code Talanhara Number	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.

If you are appointing others to serve as your committee, you must sel should be designated as the chairperson of the committee. A second and addresses in the spaces below. Each appointee must sign his or			
Cha Full Name	irperson		
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee		·	
Commit	ttee Memb	er	
Full Name			
Address (street or post office box)		9 + 12 14 + 19 (14 14 14 14 14 14 14 14 14 14 14 14 14 1	
City	State	ZIP Code	
Signature of Appointee		, · · · · · · · · · · · · · · · · · · ·	
Commi	ttee Memb	per	
Full Name			
Address (street or post office box)			
City	State	ZIP Code	

Where to file this form ...

Signature of Appointee

Gadsden

- ▶ 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.

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State	ZiP Code	 -
——————————————————————————————————————	- 	

Committee Wember			
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

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.

Billy F. Billingles Br. 7-18-14
Signature of elected official or candidate

Date