

Appointment of Principal Campaign Committee

FILED

JUL 06 2018

BOBBY M. JUNKINS JUDGE OF PROBATE

•			-				
Please print in ink or type.					This form is do	ue within five (5) o	alendar days of
Full Name of Candidate					reaching the t	hreshold amount,	or within five (5)
Parket					calendar days	of qualifying with	a political party, or filing a petition as an
Office Sought (included district or	circuit number if and	plicable) Politi	ical Party / Ballot Aff	iliation	independent (5)	or third party candi	date.
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation					_	e of Committe	
Address of the Committee (street	t or post office box)	p /		1			
1800 2600	Blvd		appoint myself as the sole member of my principal campaign committee.				
citiGadyden	State A	3590 J	Telephone Numb	-8200 -8200	I hereby as my pr	appoint the individuality incipal campaign	duals listed below to act committee.
you are appointing others to	conto as vous co	mmittee vou must	select at least two	n members	s. You may appo	int up to five mem	bers. One member
ryou are appointing others to should be designated as the c and addresses in the spaces !	chairperson of the	committee. A seco	nd member shoul	d be design	nated as the trea	asurer. Please clea	arly print their names
·	hairperson	micos:maor orgin mic				Treasurer	
Full Name	Hairperson			Full Name			
J						•	
Address (street or past office be			`	Address (stre	eet or post office be		
Address (street or post office bo	·			(00.000 (00.00		•	,
City	State	ZIP Code	—— 	City		State	ZIP Code
City	Otate	211 0000		,			
Signature of Appointee			 	Signature of	Appointee		
Signature of Appointee				J	• •		
	mittee Momb				Com	mittee Memb	<u> </u>
- -	mittee Memb			Full Name			
Full Name				I dii Name			
					not or post office b	ov) .	
Address (street or post office bo	ox)			Address (sur	eet or post office b		
	State	ZIP Code	 	City		State	ZIP Code
City	State	ZIF Code	1	Oily			
Signature of Appointee				Signature of	f Appointee		
	· (
	mittee Memb	er			U There had	Amounts for l	Public Offices
Full Name				FII	Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act		
Address (street or post office box)					\$25,000	Statewide off	ice
•					\$10,000	State Senate	
City	State	ZIP Code	 	•	\$5,000 \$5,000	State House Circuit or dist	
	0.000				\$5,000 \$1,000		inicipal office
Signature of Appointee						-	
Signature of Appointee							
				As require	d by the Alaba	ma Fair Campai	ign Practices Act, I

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

► County and municipal candidates file with their county's judge of probate.

address is P.O. Box 5616, Montgomery, Alabama 36103-5616.

Signature of elected official or candidate

Date