

Office Sought (include district or circuit number, if applicable)

Full Name of Candidate

## Appointment of Principal Campaign Committee

FILED JUL 10 2014

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

Type of Committee (check one)

I hereby appoint the individuals listed below to act

independent or third party candidate.

Please print in ink or type.

Political Party / Ballot Affiliation

	principa principa	nt myself as the sole member of my all campaign committee.
	ne Number	
	<b>. 459, 800</b>	y appoint the individuals listed below to principal campaign committee.
you are appointing others to serve as your committee, you must select at lead to be designated as the chairperson of the committee. A second member and addresses in the spaces below. Each appointee must sign his or her na	er should be designated as the tre	oint up to five members. One member easurer. Please clearly print their name
Chairperson		Treasurer
Michael Shell	Full Name	
Address (street or post office box)  215 //nna) x Ave	Address (street or post office b	эох)
Gadsden AL 35903	City	State ZIP Code
Signature of Appointee	Signature of Appointee	
Committee Member	Con	nmittee Member
Full Name	Full Name	
Address (street or post office box)	Address (street or post office t	box)
City State ZIP Code	City	State ZIP Code
Signature of Appointee	Signature of Appointee	
Committee Member		
Full Name	Filing Threshol	d Amounts for Public Offices
	under the Fa	iir Campaign Practices Act
Address (street or post office box)	\$25,000 \$10,000	Statewide office State Senate seat
City State ZIP Code	\$5,000 \$5,000 \$1,000	State House seat Circuit or district office County or municipal office
Signature of Appointee		

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 post office box) City State ZIP Code Signature of Appointee **Committee Member** Full Name Address (street or post office box)

## 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

anature of elected official or candidate

Michael Shell

FORM REVISED 9.2.2011