Appointment of Principal Campaign Committee

FILED

NOV 2 5 2013

BOBBY M. JUNKINS JUDGE OF PROBATE

I hereby appoint the individuals listed below to act

| | | | 30 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
|---|-------------------------|------------------|--|---|---|
| Please print in ink | or type. | | This form is due w reaching the thres | | |
| Full Name of Candidate | 41. 10 | | calendar days of C | noid amount, nualifying with | a political party, or |
| Thillip KodNEY | Stone | | within five (5) cale | endar days of | filing a petition as an |
| Office Squaht (include district or circuit number, if applicable | e) Political Party | llot Affiliation | independent or thi | | |
| Board of Education | -Dist 1 K | 93 | Туре о | f Committe | e (check one) |
| Address of the Committee (street or post office box) 9741 U.S. HW4 | 431 | | l appoint mys | self as the sole | e member of my ttee. |
| City GADSDEN AT | ZIP Code Telephone | Number | I hereby appears as my princip | oint the individual campaign (| duals listed below to committee. |
| f you are appointing others to serve as your committed thould be designated as the chairperson of the command addresses in the spaces below. Each appointed | nittee. A second member | should be design | You may appoint usated as the treasure | p to five mem er. Please clea | bers. One member arly print their names |
| Chairperson | | | Tre | asurer | |
| Full Name | | Full Name | | | |
| | | Address (street | et or post office box) | | |
| Address (street or post office box) | | Addiese (eac | st of poot office only | | |
| City State ZIF | ² Code | City | | State | ZIP Code |
| Signature of Appointee | | Signature of A | Appointee | | |
| | | | Commi | ttee Memb | er |
| Committee Member | | Full Name | | | |
| Full Name | | T GII TGATIS | | | |
| Address (street or post office box) | | Address (stre | eet or post office box) | | |
| City State ZI | P Code | City | | State | ZIP Code |
| Signature of Appointee | | Signature of | Appointee | , , , , , , , , , , , , , , , , , , , | |
| Comittee Member | | <u> </u> | | | |
| Committee Member | | Fili | ing Threshold Ar | nounts for | Public Offices |
| Full Name | | | under the Fair C | | |
| Address (street or post office box) | | | \$25,000 \$10,000 | Statewide of State Senate | seat |
| City State Z | IP Code | | \$5,000 \$5,000 \$1,000 | State House Circuit or dis County or ma | |
| Signature of Appointee | | | | | |
| Where to file this form ➤ State candidates file with the Office of the Secretary located in the Alabama State Capitol, Room Edadress is P.O. Box 5616, Montgomery, Alabama | 210, the mailing | hereby swi | d by the Alabama ear or affirm to the formation contains | e best of my | ign Practices Act, knowledge and be true and correct. |
| ► County and municipal candidates file with their | | (Xhu | Kip K | Hone | |

probate.

| Trea | surer | |
|-------------------------------------|---------|----------------|
| Full Name | | |
| Address (street or post office box) | | |
| City | State | ZIP Code |
| Signature of Appointee | | |
| Committe Full Name | ee Memb | er |
| Address (street or post office box) | | |
| City | State | ZIP Code |
| Signature of Appointee | | |
| | | |
| Filing Threshold Am | | Dublic Offices |

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief

FORM REVISED 9.2.2011