Appointment of Principal Campaign Committee

FILED

BOBBY M. JUNKINS JUDGE OF PROBATE

This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

I hereby appoint the individuals listed below to act

Please print in ink or type.

Office Sought (include district or circulated) Address of the Committee (street or p	Place	Dicable) Politic	al Party / Ballot Affiliation	calendar days within five (5) independent o Typ	calendar days of ir third party candi e of Committe myself as the sol	a political party, or filing a petition as an date. e (check one) e member of my
4865 PAX C	State	ZIP Code	Telephone Number	principal hereby	campaign commi appoint the individual	ttee. duals listed below to
GADSDRO_	ar	35903	326248999	as my pr	incipal campaign	committee.
you are appointing others to ser hould be designated as the chair nd addresses in the spaces belo	person of the	: commiπee. A secon	ia litettinet zunana ne des	rs. You may appo ignated as the trea	int up to five mem surer. Please cle	bers. One member arly print their names
Chai	rnorcon				Treasurer	
Full Name	rperson_		Full Name		-	
Address (street or post office box)			Address (s	street or post office be	ox)	
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee			Signature	of Appointee		
	to a Mayab			Con	mittee Memb	er
Full Name	tee Memb		Full Name			
Address (street or post office box)			Address (street or post office b	oox)	
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee			Signature	e of Appointee	·	
Commi	ttee Memb	oer				Dublic Offices
Full Name				Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act		
Address (street or post office box)				\$25,000 \$10,000 \$5,000	Statewide of State Senate State House	e seat e seat
City	, State	ZIP Code		\$5,000 \$1,000	Circuit or dis	strict office nunicipal office
Signature of Appointee			As reall	ired by the Alaba	ama Fair Campa	aign Practices Act,
Where to file this form			hereby	swear or affirm t	o the best of my	knowledge and b

- 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.

Treasurer					
Full Name	•				
Address (street or post office box)					
City	State	ZIP Code	<u></u>		
Signature of Appointee					

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ddress (street or post off	īce box)	<u> </u>
;; iy	State	ZIP Code
ignature of Appointee		<u> </u>

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

\$25,000 \$10,000 \$5,000	Statewide office State Senate seat State House seat Circuit or district office
\$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.

Signature of elected official or candidate