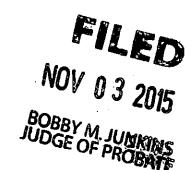


Term Dunc Claim

Full Name of Candidate

Appointment of Principal Campaign Committee



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

I hereby appoint the individuals listed below to act

Please print in ink or type.

Office Sought (include district Early Address of the Committee (sought Address of the Committee (sought) A County A City	s to serve as your ne chairperson of the	applicable) Als sweet Divinos S, W, ate ZIP C committee, you must be committee.	ode Telephone Number 3566/3-5157 ust select at least two member	independed lapp princ	(5) calendar days of the control of third party can be committed to the control of the control o	tee (check one) ole member of my nittee. viduals listed below to n committee.
	Chairperson				Transmin	
Full Name			Full Name		Treasurer	
			ruii Name		•	
Address (street or post office	box)	······································	Address (str.	eet or post office	- hov	
			77001655 (58)	ear or post UNIC	s uuxj	
City	State	ZIP Code	City		State	71D Codo
					91810	ZIP Code
Signature of Appointee			Signature of	Appointee		
			o ignature of	- ipposited		
Cor	nmittee Mem	per			W	
Full Name			Full Name	Co	mmittee Memb	er
			ruii iyame			
Address (street or post office	box)		Addman (a)		L	· · · · · · · · · · · · · · · · · · ·
	•		Audiess (stre	et or post office	DOX	
City	State	ZIP Code	City		C4-2-	710.0-4-
					State	ZIP Code
Signature of Appointee		·	Signature of A	Annointee	· · · · · · · · · · · · · · · · · · ·	
			J. J	Aboutee		
Con	nmittee Memb	per				
Full Name			F-1948	T		
					ld Amounts for P	
Address (street or post office I	pox)			muer th e r a	air Campaign Pra	ICTICES ACT
,	7			\$25,000	Statewide office	
City	State	ZIP Code		\$10,000 \$5,000	State Senate s State House s	
	- Cale	ZIF COUR		\$5,000	Circuit or distr	
Signature of Appointee				\$1,000	County or mur	nicipal office
				L		

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 address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- ► County and municipal candidates file with their county's judge of probate.

	Treasurer	
-ull Name		
	•	
Address (street or post	office box)	•
City	State	ZIP Code

	Committee Memi	per	
Full Name			
Address (street or post	office box)		
,	· · · · · · · · · · · · · · · · · · ·		
City	State	ZIP Code	

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.