



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

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Appointment of Principal Campaign Committee

This document was filed electronically
on 03/28/2017 at 12:00AM with the
Elections Division, Office of the
Alabama Secretary of State.

Please print in ink or type. E-mail address is required.

Full Name of Candidate TOMMY HAWLEY TUBERVILLE		E-mail Address of Candidate (required) TUBERTH@MSN.COM	
Office Sought (include district or circuit number, if applicable) GOVERNOR		Political Party / Ballot Affiliation Republican	
Address of the Committee (street or post office box) PO BOX 3704			
City AUBURN	State AL	ZIP Code 36831	Telephone Number (256) 282-7444

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 independent or third party candidate.

Type of Committee (check one)

- ☒ I appoint myself as the sole member of my principal campaign committee.
- ☐ I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

Chairperson			
Full Name		Email Address (required)	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Applicant			

Treasurer			
Full Name		Email Address (required)	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Applicant			

Committee Member			
Full Name		Email Address (required)	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Applicant			

Committee Member			
Full Name		Email Address (required)	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Applicant			

Committee Member			
Full Name		Email Address (required)	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Applicant			

Committee Dissolution Designee			
Full Name JOHN DURWOOD SKIPPER		Email Address (required) TRIPP@SKIPPERGROUP.ORG	
Address (street or post office box) PO BOX 1823			
City OPELIKA	State AL	ZIP Code 36803	
Signature of Applicant			

A note regarding the dissolution designee...

Candidates who choose to be the sole member of their principal campaign committee *must* choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Where to file this form...

State candidates file with the Office of the Secretary of State, County and municipal candidates file with their county's judge of probate.

As required by the Alabama Fair Campaign 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	Date 03/28/2017
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