

## FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

## Appointment of **Principal Campaign Committee**

This document was filed electronically on 08/18/2017 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		E-mail Address of Candidate (required)			endar days of qualifying
KAY E. IVEY		INFO@KAYIVEY.COM			nin <b>five</b> (5) calendar days ependent or third party c
Office Sought (include district or circuit number, it	f applicable)	Political Party /	Ballot Affiliation		
GOVERNOR	Republican				Type of Commit
Address of the Committee (street or post office box)					I appoint myself as the
PO BOX 966				principal campaign co	
City	State	ZIP Code	Telephone Number		I hereby appoint the inc
MONTGOMERY	AL	36101	(334) 650-0065		act as my principal can

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) with a political party, or s of filing a petition as an andidate.

## ttee (check one)

sole member of my nmittee.

dividuals listed below to npaign 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			Treasurer		
Full Name	Email Address (required)	Full Name	Email Address (required)		
KAY E. IVEY	INFO@KAYIVEY.COM	NIM FRAZER	TREASURER@KAYIVEY.COM		
Address (street or post office box)		Address (street or post office box)			
609 THORN PLACE		628 THORN PLACE			
City	State ZIP Code	City	State ZIP Code		
MONTGOMERY	AL 36106	MONTGOMERY	AL 36106		
Signature of Applicant		Signature of Applicant			
C	committee Member	C	ommittee Member		
Full Name	Email Address (required)	Full Name	Email Address (required)		
CATHY RANDALL	INFO@KAYIVEY.COM	MARILYN TAMPLIN	INFO@KAYIVEY.COM		
Address (street or post office box)		Address (street or post office box)			
1001 WELLESLEY GREE	EN	914 COUNTRY CLUB DR	RIVE		
City	State ZIP Code	City	State ZIP Code		
TUSCALOOSA	AL 35406	OZARK	AL 36360		
Signature of Applicant		Signature of Applicant			
C	committee Member	Commit	tee Dissolution Designee		
Full Name	Email Address (required)	Full Name	Email Address (required)		
PHIL HARDEE	INFO@KAYIVEY.COM				
Address (street or post office box)		Address (street or post office box)			
255 HARDEE DRIVE					
City	State ZIP Code	City	State ZIP Code		
BEATRICE	AL 36425				
Signature of Applicant		Signature of Applicant			
A note regarding the dis Candidates who choose to be	ssolution designee e the sole member of their principal campaign		Fair Campaign Act, I hereby swear or affirm to delief that the information contained herein is		

Candidates who choose to be the sole member of their principal campaign committ 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.

Signature of elected official or candidate

true and correct.



FORM REVISED 4/13/2015