Full Name of Candidate

THIS AREA FOR OFFICIAL USE ONLY

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NOV 1 7 2011

James W. Futhameiater Judge of Phobate

Appointment of Shelby Cnty Judge of Probate, AL 11/18/2011 08:46:16 AM FILED/CERT Principal Campaign Committee

Please print in ink or type.

Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) SHEZBY COUNT CONTINUED - DISTRICT Address of the Committee (street or post office box) VALLEY ULEW KO Telephone Number City ZIP Code 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 and addresses in the spaces below. Each appointee must sign his or her name. Chairperson Full Name Address (street or post office box) City ZIP Code State Signature of Appointee Committee Member Full Name Address (street or post office box) City ZIP Code State Signature of Appointee Committee Member Full Name Address (street or post office box) ZIP Code City State Signature of Appointee

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.

| 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)

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.

should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names

| Treasurer | | | |
|-------------------------|---------------|----------|----------|
| Full Name | | | |
| | | | · |
| Address (street or post | t office box) | | |
| City | State | ZIP Code | <u> </u> |
| ~··· / | | | |
| Signature of Appointed | | ····· | <u>_</u> |
| | | | |

| Full Name | | |
|--------------------------------|---------|----------|
| Address (street or post office | ce 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.

Date