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JUL 0.9 2012

Appointment of O7/10/2012 01:55:30 PM FILED/CERT Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate Steven B. Ammons			
Office Sought (include district or cir Vestavia Hills City Co		Politic	al Party / Ballot Affiliation
Address of the Committee (street of 1313 Badham Cir	r post office box)		
City Vestavia Hills,	State AL	ZIP Code 35216	Telephone Number

James W. Fuhrmeister
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)

X	I appoint myself as the sole member of m principal campaign committee.
X	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		
Address (street or post	office hov)	<u></u>
Address (street or post	onice box)	
City	State	ZIP Code
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·	
	Committee Men	her

Full Name	Committee Memb	
Address (street or post of	fice box)	
City	State	ZIP Code
Signature of Appointee	<u></u>	

Committee Member			
Full Name			
Address (street or pos	t office box)		
City	State	ZIP Code	
Signature of Appointe	e		-

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		
Full Name		
Address (street or pos	t office box)	<u> </u>
City	State	ZIP Code
Signature of Appointed		
		<u> </u>

Committee Member		
Full Name		
	4 - ff: h-a	<u> </u>
Address (street or pos	t office box)	
City	State	ZIP Code
	· · · · · · · · · · · · · · · · · · ·	
Signature of Appointed	e	

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

\$25,000 \$10,000 \$5,000 \$5,000	Statewide office State Senate seat State House seat Circuit or district office
\$5,000 \$1,000	Circuit or district office 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