

Full Name of Candidate

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Office Sought (include district or circuit number, if applicable)



Political Party / Ballot Affiliation

RECEIVED

JUL 19 2012

James W. Fuhrmeister Judge of Probate

Appointment of Shelby Cnty Judge of Probate, AL 07/19/2012 03:08:48 PM FILED/CERT Principal Campaign Committee

Please print in ink or type.

ColumbianACity Couril District L

you are appointing others to send addresses in the spaces below	rve as your corporation	ommittee, you must sel	ect at least two
nould be designated as the chain and addresses in the spaces below.	rperson of the ow. Each app	e committee. A second	ect at least two
	rnerson		her name.
Chai Full Name			F
Address (street or post office box)	<u>,</u>		
City	State	ZIP Code	
Signature of Appointee	<u></u>	<u>,, </u>	
	tee Memb	er	
Full Name			
Address (street or post office box)		<u> </u>	
City	State	ZIP Code	
Signature of Appointee			5
	tee Memb	er	
Full Name			
Address (street or post office box)	<u> </u>		
City	State	ZIP Code	
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.

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 my principal campaign committee.	
	I hereby appoint the individuals listed below to act	

This form is due within five (5) calendar days of

at least two members. You may appoint up to five members. One member mber should be designated as the treasurer. Please clearly print their names

as my principal campaign committee.

Treasurer			
Full Name			
Address (street or post	office box)		
City	State	ZIP Code	
Signature of Appointee		······································	

Committee Member				
Full Name				
Address (street or pos	t office box)	<u> </u>		
City	State	ZIP Code		
Signature of Appointe	8			

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

\$25,000 \$10,000	Statewide office 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.

Signature of elected official or candidate

Signature of elected official or candidate

Date