ALABAMA FAIR CAMPAIGN PRACTICES ACT

APPOINTMENT OF PRINCIPAL CAMPAIGN COMMITTEE

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.

Please print in lnk or Type.

Full Mame of Candidate	11 _		
MNQ (<u> </u>		
Office Sought (include district or of the Color of the Co	circuit number, if an	plicable) Politic	al P
Address of the Committee (street	or post office box)	S P/a20	L
Biemin	State	ZIP Code 352/2	Te
you are appointing others one member should be de			
C	hairperson		
Full Name			
Address (street or post office box	()		
City	State	ZIP Code	
Signature of Appointee		· · · · · · · · · · · · · · · · · · ·	
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Comi	mittee Memb	er	
Full Name			
Address (street or post office box	x)		
City	State	ZIP Code	
Signature of Appointee		· · · · · · · · · · · · · · · · · · ·	
Com	mittee Memb	or	-
Full Name			
Address (street or post office box	x)		
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-208. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

RECEIVED FEB 12 2010

James W. Fuhrmeister Judge of Probate

201003100000069960 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/10/2010 10:28:19 AM FILED/CERT

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.

f 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.

Ballot Affiliation

Full Name		asurer		
Address (street or p	oost office box)			<u> </u>
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	· · · · · · · · · · · · · · · · · · ·

Committee Wember					
Full Name		•			
Address (street or post	office box)				
City	State	ZIP Code			
Signature of Appointee					

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.

Signature of elected official or candidate

Date