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 prin	it in lnk or Ty	pe.		
Full Name of Candidate	4ND4	FUL	ŒR		· · · · · · · · · · · · · · · · · · ·
Office Sought (include district or circ		<u></u>		Party / Ballo	t Affiliation
Address of the Committee (street of 534					JUCK
City BRAING Han	Sta	ate Zi		elephone Nu	
f you are appointing others to One member should be desi Please clearly print their name	ignated as t	your committee	ee, you m	nust selec	et at leas
· · · · · · · · · · · · · · · · · · ·	irperson	·			
Full Name					Full Nar
Address (street or post office box)	· · · · · · · · · · · · · · · · · · ·				Address
City	State	ZIP Code	iini ii u		City
Signature of Appointee			"		Signatu
Commi	ttee Memi	oer	. · - · - · · · · · · · · · · · · · · ·	.j 	
Full Name					Full Nan
Address (street or post office box)					Address
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Signature of Appointee			,		Signatur
Commit Full Name	tee Memb	er			Fi
Address (street or post office box)	<u></u> .		· · · · · · · · · · · · · · · · · · ·		
City	State	ZIP Code			
Signature of Appointee					
Vhere to file this form		·			As requ Act, I h
 State candidates file with State, located in the Alal 			•		and bel and cor

- 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.

THIS AREA FOR OFFICIAL USE ONLY

James W. Fuhrmeister Judge of Probate

Type of	Committee	(check one)
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- 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.

t select at least two members. You may appoint up to five members. nmittee. A second member should be designated as the treasurer. ow. Each appointee must sign his or her name.

	Treasurer		
Full Name			
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Address (street or pos	t office box)		
City	Ctata		
Only .	State .	ZIP Code	
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·	······································	

Committee Member		
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State	ZIP Code	
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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

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FORM REVISED 11.06.2007