Alabama Fair Campaign Practices Act

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

325 Annowhead LANE

Address of the Committee (street or post office box)

Full Name of Candidate

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.

City		State		1	ephone Nu	
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ne member s	ointing others to should be design print their names	ated as the	e chairperson of	the co	mmittee	. A se
	Chair	person				
Full Name						Full N
Address (street o	or post office box)					Addre
City	· · · · · · · · · · · · · · · · · · ·	State	ZIP Code			City
Signature of App	ointee					Signa
	Committe	ee Memb	er		· ·	
Full Name		•				Full N
Address (street o	or post office box)	· · · · · · · · · · · · · · · · · · ·			•	Addre
City	. <u></u>	State	ZIP Code			City
Signature of App	ointee	······································				Signa
	Committ	oo Mamb				
Full Name	COMMITTEE	CC WICITIA				
Address (street	or post office box)	<u> </u>				
City		State	ZIP Code			

Where to file this form ...

Signature of Appointee

- ▶ 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 JULIE
JUL 15 2010
James W. Fuhrmeister



Shelby Cnty Judge of Probate, AL 07/16/2010 02:30:09 PM 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.

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

Signature of Appointee

Political Party / Ballot Affiliation

	Treasurer		
Full Name			
Address (street or post office b	oox)		
		7100	
City	State	ZIP Code	
Signature of Appointee			
Oignature of Appointee			
Cor	nmittee Memb	10r	
	IIIIIIIIIIIII	751	
Full Name	•		
	··		
Address (street or post office b	oox)		

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

State

\$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
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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

FORM REVISED 11.06.2007

ZIP Code