07/16/2010 02:30:12 PM FILED/CERT

Type of Committee (check one)

principal campaign committee.

Tappoint myself as the sole member of my

I hereby appoint the individuals listed below

to act as my principal campaign committee.

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) candidate.

calendar days of filing	a petition as a	n independent or	third party ca	andidate.
	Please print	in Ink or Type.		
Full Name of Candidate EVECYN	4;2	1		
			itical Party / Ballo	at Affiliation
Office Sought (include district or of CAHABA VALLE	Sircuit number, ii ap	•		
			2/16/6	<u>/</u>
Address of the Committee (street	or post office box)			
City	State		· ·	
BIHAM	AZ	3524	2059	91-1760
you are appointing other one member should be deplease clearly print their name	esignated as th	e chairperson of	the committe	e. A second
C	hairperson			
Full Name				Full Name
Address (street or post office box	<u>~</u>			Address (st
MULLIBOS (Street or post ornos por				
City	State	ZIP Code		City
Signature of Appointee	<u> </u>	, 		Signature c
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Com	mittee Memb	er		
Full Name				Full Name
Address (street or post office bo	x)			Address (st
City	State	ZIP Code		City
Signature of Appointee			 	Signature o
	mittee Memb			
Full Name	Hittee Ment)		Filli
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Address (street or post office bo	·* ·			
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City	State	2,11 0000		
Cianatura of Annointee	······································	<u> </u>		
Signature of Appointee				· <u>-</u>
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Where to file this fo		* • • • • • • • • • • • • • • • • • • •		Act, I her and belie
 State candidates file 	with the Office	ce of the Secret	ary of	and corre
State, located in the	Alabama Sta	te Capitol, Kool	f T I	and Com
E-208. The mailing a				
Montgomery, Alabar	118 30 103-20	EN/I		Low
 County and municip 	al candidates	fle with they		Signature (

county's judge of probate.

Treasurer				
ull Name				
ddress (street or post off	ice box)			
ity	State	ZIP Code		
ignature of Appointee				
	Committee Memb	er		
uli Name				
Address (street or post of	ice box)			
City	State	ZIP Code		

Filing Threshold Amounts for Public Offices

under the Fair Campaign Practices Act

As required by the Alabama Fair Campaign Practices

and belief that the information contained herein is true

Act, I hereby swear or affirm to the best of my knowledge

\$25,000

\$10,000

\$5,000

\$5,000

\$1,000

Signature of elected official or candidate

and correct.

Statewide office

State Senate seat

State House seat

Circuit or district office

County or municipal office

Date

FORM REVISED 11.06.2007

James W. Fuhrmeister
Judge of Probate

JUL 15 2010