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 Name of Candidate Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) Address of the Committee (street or post office box) Telephone Number **ZIP Code** State

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SEP 08 2010

James W. Fuhrmeister Judge of Probate

Type of Committee (check	one)
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- I 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.

If 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.

	Chairperson		
Full Name		,	
Address (street or post office	box)	<u> </u>	
City	State	ZIP Code	
Signature of Appointee			
			<u>,</u>
C	ommittee Memb)er	
Full Name			

Address (street or post office box)			
City (1865) (1865)	State	ZIP Code	
Signature of Appointee	·		• • • • • • • • • • • • • • • • • • •
Commit	tee Memb	er	
Full Name		* · · · · · · · · · · · · · · · · · · ·	
Address (street or post office box)	کاپرینا او باکستان به ده ده می بیشند این بیشند این بیشند این این بیشند این این بیشند این این بیشند این این این این این این این این این این این این این		
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City	State	ZIP Code	1 : 4 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !

Where to file this form ...

Signature of Appointee

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- > 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.

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	Treasurer		
Full Name		•	
Address (street or pos	office box)		
			,,,,,,
City	Stale	ZIP Code	
Signature of Appointed	* 	ve-pe-state - 	

	Committee Memb	er	
Full Name			
Address (street or post	office box)		
City	State	ZIP Code	vá (jív)
			<u> </u>

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

FORM REVISED 11.04.2007



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