

Appointment of Principal Campaign Committee



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James W. Fuhrmeister Judge of Probate

This form is due within five (5) calendar days of

I hereby appoint the individuals listed below to act

Please print in ink or type.

Full Name of Candidate JAMES MARK	2EN FU	12MEISTE		reaching the calendar day	• • •	•
Office Sought (include district or	1	·	cal Party / Ballot Affiliation	· ·	or third party cand	•
Address of the Committee (street	······································		100.	Ту	pe of Committe	e (check one)
5561 AFTON	- ,				nt myself as the so	_
City	State	ZIP Code	Telephone Number		- -	duals listed below to a
City BIKMINGHAN	1 //	35242	76	 	principal campaign	
f you are appointing others to should be designated as the and addresses in the spaces	chairperson of the	e committee. A secor	nd member should be desi	• • •	-	
C	hairperson				Treasurer	
Full Name			Full Name			
Address (street or post office bo	ox)		Address (st	treet or post office b	oox)	
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee	······································	·· <u> </u>	Signature o	of Appointee	· · · · · · · · · · · · · · · · · · ·	<u>,,, </u>
Com	ımittee Memb	er		Con	nmittee Memb	er
Full Name			Full Name			
Address (street or post office b	ox)		Address (s	treet or post office	box)	
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee		······································	Signature	of Appointee		
Con	ımittee Memb	er				
Full Name			F	_	d Amounts for ir Campaign Pr	
Address (street or post office b	ox)			\$25,000 \$10,000	Statewide of State Senate	fice
City	State	ZIP Code		\$5,000 \$5,000 \$1,000	State House Circuit or dis	seat
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·			Ψ1,000		
Where to file this for	m		•	•	•	ign Practices Act, I knowledge and bel

- State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-210. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

Treasurer					
Full Name					
Address (street or post o	ffice box)				
City	State	ZIP Code	<u>, , , , , , , , , , , , , , , , , , , </u>		

Committee Member					
Full Name					
Address (street or post	office box)	······································			
City	State	ZIP Code	····-		
					

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