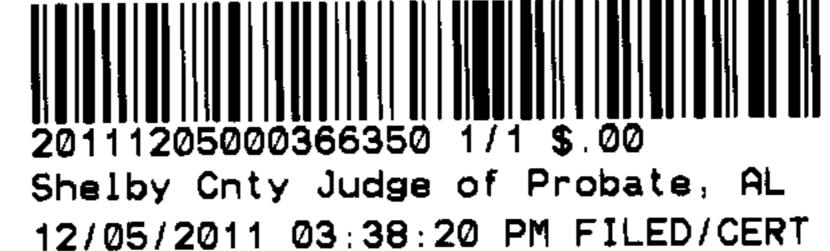


Appointment of



RECEIVED

DEC - 5 2011

James W. Fuhrmeister Judge of Probate

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

reaching the threshold amount, or within five (5)

independent or third party candidate.

principal campaign committee.

as my principal campaign committee.

calendar days of qualifying with a political party, or

within five (5) calendar days of filing a petition as an

Type of Committee (check one)

I hereby appoint the individuals listed below to act

I appoint myself as the sole member of my

Principal Campaign Committee

Please print in ink or type.

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

Where to file this form ...

- 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 off	ice box)		
City	State	ZIP Code	
Signature of Appointee			
C	ommittee Memb	er	
Full Name			
Address (street or post off	ice box)		
City	State	ZIP Code	184 //

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.

Filing Threshold Amounts for Public Offices

under the Fair Campaign Practices Act

Statewide office

State Senate seat

State House seat

Circuit or district office

County or municipal office

Signature of elected official or candidate

\$25,000

\$10,000

\$5,000

\$5.000

\$1,000