

## Appointment of



## RECEIVED

JAN 1 0 2012

James W. Fuhrmeister Judge of Probate

## 01/11/2012 10:35:45 AM FILED/CERT Principal Campaign Committee

	•												
Please print in ink or type.					This form is due within five (5) calendar days of								
Full Name of Candidate  Condition  Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation				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.									
									•	Cal Party / Ballot Allihation	ingepengent	or third party cand	Haate.
							Address of the Committee (street or post office box)  840 Herr 54				Type of Committee (check one)  I appoint myself as the sole member of my principal campaign committee.		
City	State	ZIP Code	Telephone Number 205		. •								
Mottevalla	AC		665-9529	I hereby appoint the individuals listed below to act as my principal campaign committee.									
f you are appointing others to ser													
should be designated as the chair	•			nated as the tre	asurer. Please de	arly print their names							
and addresses in the spaces below	w. Each appo	intee must sign nis	or ner name.										
Chair	rperson				Treasurer								
Full Name			Full Name										
Address (street or post office box)	Address (str	Address (street or post office box)											
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City	State	ZIP Code	City		State	ZIP Code							
Signature of Appointee		<u> </u>	Signature of	Appointee	·								
Committ	tee Membe	ř		Com	mittee Memb	er							
Full Name	Full Name	Full Name											
Address (street or post office box)			Address (str	eet or post office b	ox)								
				·									
City	State	ZIP Code	City		State	ZIP Code							
Signature of Appointee		······································	Signature of	Appointee	· · · · · · · · · · · · · · · · · · ·								
Commit	tee Membe	r				· · · · · · · · · · · · · · · · · · ·							
Full Name	,		Fil	ing Threshold	Amounts for F	Public Offices							
			i	•	r Campaign Pra								
Address (street or post office box)				\$25,000	Statewide offi	œ							
· · · · · · · · · · · · · · · · · ·				\$10,000	State Senate								
Cit.	Ciata	7ID Codo		\$5,000	State House s	seat							
City	State	ZIP Code		\$5,000	Circuit or dist								
· · · · · · · · · · · · · · · · · · ·	<u></u>	<del></del>		\$1,000	County or mu	nicipal office							
Signature of Appointee						· · · · · · · · · · · · · · · · · · ·							
<del></del>				d by the Aleber	na Eair Camacia	n Practices Act. I							
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## 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.

As required by the Alabama Fair Campaign Practice 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