



RECEIVED

JUN 1 1 2012

James W. Fuhrmeister
Judge of Probate

Appointment of 06/15/2012 03:51:47 PM FILED/CERT Principal Campaign Committee

	Please print	t in ink or i	type.			This form is	s due within five (5)) calendar days of	
Full Name of Candidate JOHNNY R. Kile					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				
Office Sought (include district or cir		applicable)	Politica	al Party / Ballo	ot Affiliation	1	(5) calendar days c nt or third party can	• •	an
MAYOR	- Cir	70)	f LE	EDS	<u></u>		Type of Committ		
Address of the Committee (street of 1209	r post office box	AND	Ro	AD		I appo	int myself as the so	ole member of my	
City	Stat	te \	ZIP Code	Telephone N	umber	I herel		viduals listed below t	to act
f you are appointing others to so should be designated as the change and addresses in the spaces be	airperson of th	ne committee	e. A second	member st	nould be desig				
Cha	airperson						Treasurer		
Full Name	•				Full Name				
Address (street or post office box)		••••			Address (stre	eet or post office	box)	· - · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	e		City		State	ZIP Code	<u> </u>
Signature of Appointee		•		<u></u>	Signature of	Appointee			
	ttoo Marak		·			Cal	mmittaa Mamb		
Full Name	ittee Memb	Jer			Full Name		mmittee Memb) 	
Address (street or post office box)		· ·	· · · · · · · · · · · · · · · · · · ·		Address (stre	eet or post office	box)		
City	State	ZIP Code	<u></u> е		City		State	ZIP Code	
Signature of Appointee		<u>. </u>			Signature of	Appointee	<u> </u>		
Commi	ttee Viemb	ner	-				<u>-· · · · · · · · · · · · · · · · · · · </u>	······································	<u></u>
Full Name					Fili	ina Thresho	ld Amounts for	Public Offices	
						•	air Campaign Pr		
Address (street or post office box)						\$25,000 \$10,000	Statewide of State Senate		
City	State	ZIP Code	e			\$5,000 \$5,000 \$1,000	State House Circuit or dist County or mi		
Signature of Appointee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	······································			· ,			<u></u>
					As requires	t hy tha Alaha	ama Eair Campai	ian Dractices Act	i
Where to file this form.		Caarataaaa	of Cinia		hereby swe	ear or affirm t	•	ign Practices Act, knowledge and be rue and correct.	
State candidates file with the located in the Alabama State		-				A)	
address is P.O. Box 5616, M	Iontanmery A	Jahama 361	03-5616		/ /	/1	۱۱ / ۱ / ۸ مر	T _	

- County and municipal candidates file with their county's judge of probate.

Full Name			
Address (street or post	office box)	· • · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	
Signature of Appointee			
	Committee Memb	30r	

ZIP Code State

Amounts for Public Offices Campaign Practices Act

Signature of elected official or candidate

FORM REVISED 9.2.2011