

Appointment of



Shelby Cnty Judge of Probate, AL 07/06/2012 08:13:48 AM FILED/CERT

Principal Campaign Committee

RECEIVED

JUL 05 2012

James W. Fuhrmeister
Judge of Probate

Please print in ink or type.	This form is due within five (5) calendar days of
Full Name of Candidate JOSEPH BURTON SARVER III	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 circuit number, if applicable) Political Party / Ba	
CUFDIEMR Bdof Trustees Plac	Type of Committee (check one)
Address of the Committee (street or post office box) んしのち しんしいとのち くに	appoint myself as the sole member of my principal campaign committee.
CityState ZIP Code Telephone	· · · · · · · · · · · · · · · · · · ·
State ZIP Code Telephone State ZIP Code Telephone	as my principal campaign committee.
If you are appointing others to serve as your committee, you must select at least should be designated as the chairperson of the committee. A second member standard and addresses in the spaces below. Each appointed must sign his or her name	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.

Chair	person		
Full Name		·	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
Committe	ee Memi	ber	
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
Committe	ee Memi	oer	
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 po	st office box)			
City	Sta	ite	ZIP Code	
Signature of Appointe	e			
u.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Committee Member				

Full Name		
Address (street or post	office box)	
City	State	ZIP Code
Signature of Appointee		

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.