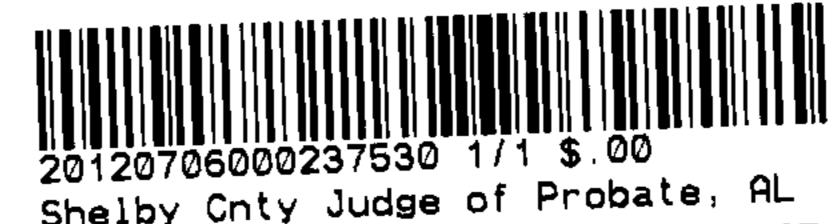


Appointment of Principal Campaign Committee



07/06/2012 08:13:50 AM FILED/CERT

JUL 0 5 2012

RECEIVED

James W. Fuhrmeister Judge of Probate

Please print in ink or type.

r rease printer or type.	This form is due within five (5) calendar days of	
Full Name of Candidate Theo angelo Perkins	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 / Ballot Affiliation Mailor of Harperssille	independent or third party candidate. Type of Committee (check one)	
Address of the Committee (street or post office box) 262 Church 57.	appoint myself as the sole member of my principal campaign committee.	
Hursersville AL 35078	I hereby appoint the individuals listed below to act as my principal campaign committee.	

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				
Fuli Name				
Address (street or post office box)				
<u> </u>		· <u> </u>		
City	State	ZIP Code		
Cianature of Appoints		 		
Signature of Appointee				
Committ	ee Membe	2 r		
Full Name	ee Menno	ゔ l 		
Full Name				
Address (street or post office box)	· · · · · · · · · · · · · · · · · · ·			
City	State	ZIP Code		
		· · · · · · · · · · · · · · · · · · ·		
Signature of Appointee				
	· · · · · · · · · · · · · · · · · · ·	·		
	ee Membe	er		
Full Name				
Address (street or post office boy)		· · · · · · · · · · · · · · · · · · ·		
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 pos	st office box)			
	· · · · · · · · · · · · · · · · · · ·			
City		State	ZIP Code	
Signature of Appointe	e			
	Comm	ittee Memb	er	

Full Name	Committee Memb		
Address (street or pos	t office box)		
City	State	ZIP Code	<u>.</u>
Signature of Appointed	-		

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

\$25,000 \$10,000	Statewide office 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