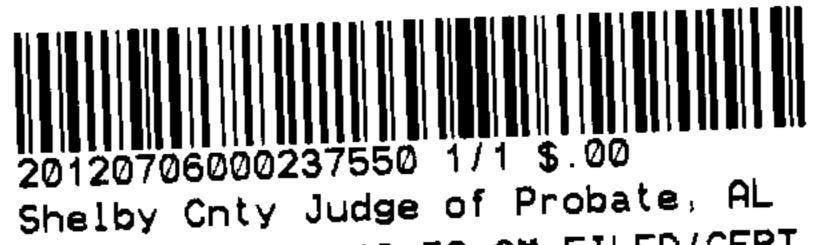


Appointment of Principal Campaign Committee

Full Name of Candidate



07/06/2012 08:13:52 AM FILED/CERT

/ Ballot Affiliation

RECEIVED

JUL 05 2012

James W. Fuhrmeister Judge of Probate

Please print in ink or type.

Rosemary C.			
Office Sought (include district or circu	it number, if ap		cal Party / Ballot Affil
Mayor of			
Address of the Committee (street or page 1908)	oost office box)		
	State	ZIP Code	Telephone Numbe
Wilsonville	AI	35186	:otophono : tanto
Y	• • • •		
you are appointing others to ser rould be designated as the chair	_		
nd addresses in the spaces belo	_		
Chai	rperson		
Full Name	<u>-</u>	•	F
Rosemary C.	Livepa	14	
Address (street or post office box)			A
P.O. Box 247			
City	State	ZIP Code	С
Wilsowille	M	35186	
Signature of Appointee Consumbly Consumbly	2:11	· · · · · · · · · · · · · · · · · · ·	S
· · · · · · · · · · · · · · · · · · ·	tee Memb	er	
Full Name			F
Address (street or post office box)	······································		
tourous (ourout or poor ormos son)			
City	State	ZIP Code	
Signature of Appointee			S
	······		
Commit	tee Memb	er	
Full Name			
Address (street or post office boy)	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Address (street or post office box)			
City	State	ZIP Code	
-			
		· · · · · · · · · · · · · · · · · · ·	
Signature of Appointee			

- 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.

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 independent or third party candidate.

Type of Committee (check one)

I appoint myself as the sole member of my principal campaign committee.

I hereby appoint the individuals listed below to act as my principal campaign committee.

t least two members. You may appoint up to five members. One member ber should be designated as the treasurer. Please clearly print their names name.

reasurer			
Full Name			
	•		
Address (street or post	office box)		
· · · · · · · · · · · · · · · · · · ·			
City	State	ZIP Code	
,	. <u> </u>		
Signature of Appointee			
			·····
	Committee Memb	er	
Full Name			
	······································	<u></u>	<u></u>
Address (street or post	office box)		
	· · · · · · · · · · · · · · · · · · ·		
City	State	ZIP Code	

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

Signature of Appointee

\$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.

Signature of elected official or candidate