This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

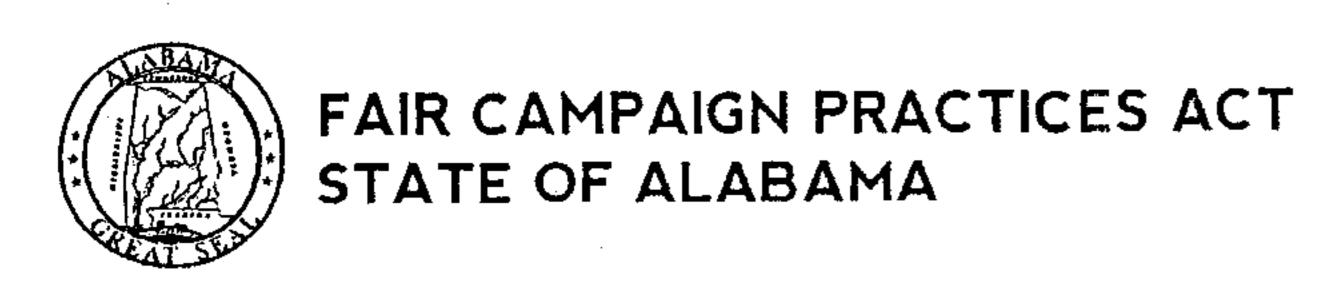
independent or third party candidate.

calendar days of qualifying with a political party, or

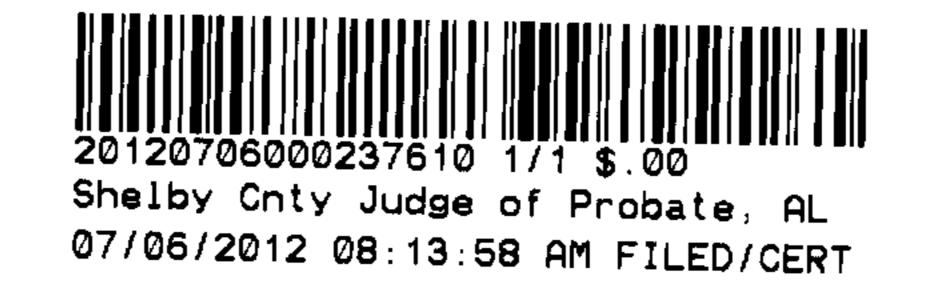
within five (5) calendar days of filing a petition as an

Type of Committee (check one)

I appoint myself as the sole member of my



## Appointment of



Signature of Appointee

## RECEIVED

JUL 05 2012

James W. Fuhrmeister Judge of Probate

## Principal Campaign Committee

ull Name of Candidate			
Le 0		(Q)/21	5 HT VI
	strict or circuit number, if a	pplicable) Poli	tical Party / Ballot Affiliation
ddress of the Committee	e (street or post office box	) O U -	
City	er Asthi	e ZIP Code	Telephone Number
nould be designated a	hers to serve as your on the chairperson of the paces below. Each ap	ne committee. A seco	t select at least two men and member should be d is or her name.
	Chairperson		
Full Name			Full Na
Address (street or post o	office box)		Addres
City	State	ZIP Code	City
Signature of Appointee	,		Signati
	Committee Man		
Full Name	Committee Mem		Full Na
		<u>,, </u>	<u></u>
Address (street or post	office box)		Addres
Address (street or post of City	office box) State	ZIP Code	Addres
· · · · · · · · · · · · · · · · · · ·	State	ZIP Code	
City Signature of Appointee	State		City
City Signature of Appointee	State		City
City Signature of Appointee	State  Committee Mem		City
City Signature of Appointee Full Name	State  Committee Mem		City

- ➤ 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.

	princip	al campaign commi	ttee.
mber		by appoint the indivi- principal campaign	duals listed below to accommittee.
wo members. Juid be designa	You may apparted as the tr	point up to five men reasurer. Please cle	nbers. One member arly print their names
		Treasurer	
Full Name			
Address (stree	t or post office	box)	
			ZIP Code

	Committee Memb	eralling
Full Name		
Address (street or post	t office box)	
<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
City	State	ZIP Code
	<u> </u>	
Signature of Appointee	<del>)</del>	

## 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 companied herein is true and correct.

Signature of elected official or candidate

Date

FORM REVISED 9.2.2011