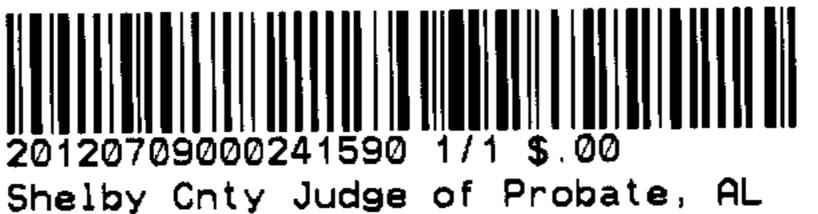
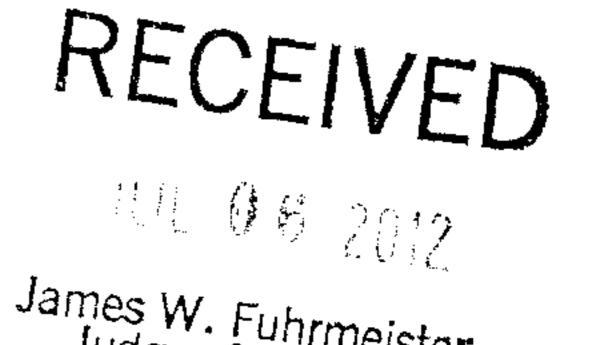


Appointment of 07/09/2012 09:36:36 AM FILED/CERT Principal Campaign Committee





James W. Fuhrmeister Judge of Probate

I hereby appoint the individuals listed below to act

Ple	ase print i	n ink or type.		This form is	due within five (5)	calendar days of	
Full Name of Candidate Russell E. Bedsole					reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or		
Office Sought (include district or circuit		EDSOLE plicable) Political (Party / Ballot Affiliation	within five (5		filing a petition as an	
ALABASTER CITY Address of the Committee (street or po		actl Wa	ird 5	Ty	pe of Committe	e (check one)	
417 STERLIN	•	rk cir			nt myself as the sol		
City ALABASTER	State AL	75007	elenhone Number	}	y appoint the indivi- orincipal campaign	duals listed below to a committee.	
If you are appointing others to serve should be designated as the chairpe and addresses in the spaces below.	erson of the	committee. A second n	nember should be desig	• • • • • • • • • • • • • • • • • • • •	-		
Chairr	oerson				Treasurer		
Full Name			Full Name				
Address (street or post office box)			Address (stre	et or post office b	ox)		
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee		······································	Signature of	Appointee			
· · · · · · · · · · · · · · · · · · ·		······································					
Committe	e Membe	r		Con	ımittee Membe	9 [
Full Name			Full Name				
Address (street or post office box)			Address (stre	et or post office b	ox)		
City	State	ZIP Code	City	····	State	ZIP Code	
Signature of Appointee			Signature of A	Appointee			
Committe	e Membe				······································		
Full Name			1		Amounts for P r Campaign Pra		
Address (street or post office box)				\$25,000 \$10,000	Statewide office State Senate s		
City	State	ZIP Code		\$5,000 State House seat \$5,000 Circuit or district office \$1,000 County or municipal office			
Signature of Appointee	······································	**************************************			······································		
Where to file this form State candidates file with the Off	fice of the Se	ecretary of State,	hereby swea	ar or affirm to		n Practices Act, I nowledge and belie le and correct.	

- 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.

Full Name	Treasurer	
Address (street or pos	t office box)	
City	State	ZIP Code

Committee Member					
Full Name					
Address (street or post	office box)				
City	State	ZIP Code			
Signature of Appointee			A-1444-1-1-1-1		

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	

signature of elected official or candidate