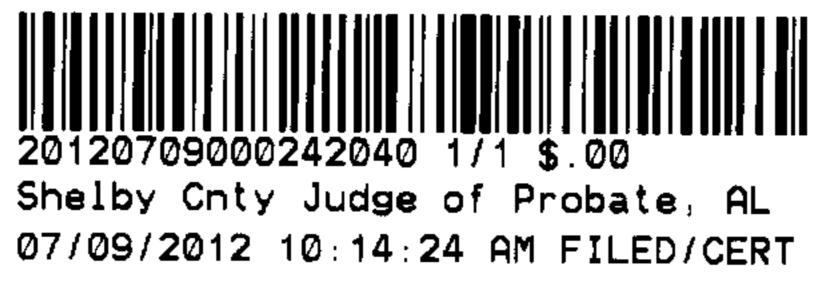
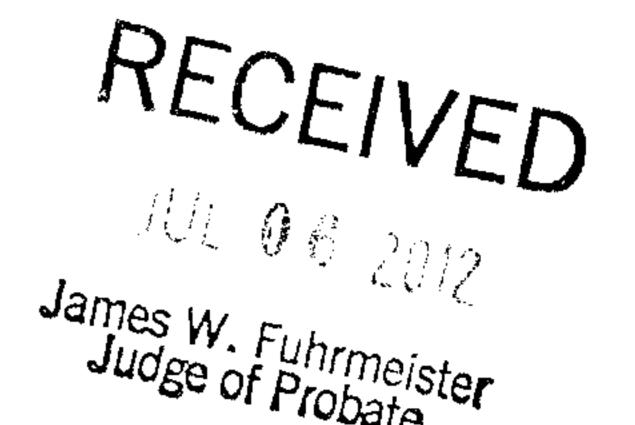


Appointment of Shelby Cnty Judge of Prob 07/09/2012 10:14:24 AM FI Principal Campaign Committee





	ac of Probate
Please print in ink or type.	This form is due within five (5) calendar days of
Full Name of Candidate Stacy One Party Office Sought (include district or circuit number, if applicable) Rolitical Party	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.
City Council Word S A	Type of Committee (check one)
Address of the Committee (street or post office box) Address of the Committee (street or post office box)	l appoint myself as the sole member of my principal campaign committee.
City State ZIP Code Telephone 35007	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 should be designated as the chairperson of the committee. A second memband addresses in the spaces below. Each appointee must sign his or her n	per should be designated as the treasurer. Please clearly print their names
Chairperson	Treasurer
Full Name B. Rokostrain	Full Name
Address (street or post office box)	Address (street or post office box)
City State ZIP Code	City State ZIP Code
Signature of Appointer 3	Signature of Appointee
Committee Member	Committee Member
Full Name	Full Name
Address (street or post office box)	Address (street or post office box)
City State ZIP Code	City State ZIP Code
Signature of Appointee	Signature of Appointee
Committee Member	
Full Name	Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act
Address (street or post office box)	\$25,000 Statewide office
City State ZIP Code	\$10,000 State Senate seat \$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 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.	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.
County and municipal candidates file with their county's judge of probate.	Signature of elected official or candidate Date