Appointment of James W Principal Campaign Committee

PECFILIAL USE ONLY

20120710000244980 1/1 \$.00

20120/10000244980 1/1 \$.00 Shelby Cnty Judge of Probate, AL 07/10/2012 01:24:42 PM FILED/CERT

Please print in ink or type. This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Political Party / Ballot Affiliation Office Sought (include district or circuit number, if applicable) independent or third party candidate. Type of Committee (check one) Address of the Committee (street or post office box) appoint myself as the sole member of my principal campaign committee. ZIP Code **Telephone Number** State City I hereby appoint the individuals listed below to act 35094 Weeds 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.

Full Name			
Address (street or post office box)			
City	State	ZIP Code	:
Signature of Appointee			
Committ	ee Memt	er	
Full Name	1		
Address (street or post office box)		-	
City	State	ZIP Code	
Signature of Appointee			
Committ	ee Memi	per	
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Chairperson

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				
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Address (street or pos	office box)			
City	State	ZIP Code	<u> </u>	
Signature of Appointee	<u> </u>	· ••••·		
Signature of Appointed			· · · · · · · · · · · · · · · · · · ·	

Full Name	OCHINITECO MICHIE		
			
Address (street or post	office box)		
City	State	ZIP Code	
Signature of Appointee			

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 contained herein is true and correct.

Ausen Hell aroull 09/05/12
Signature of elected official or candidate Date