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

I hereby appoint the individuals listed below to act



Appointment of Principal Campaign Committee



Shelby Cnty Judge of Probate, AL 07/13/2012 09:46:21 AM FILED/CERT

RECEIVED

JUL 11 2012

James W. Fuhrmeister Judge of Probate

Please print in ink or type.

Full Name of Candidate ACK NOK OUR SON Office Sought (include district or circuit number, if applicable) Political Rarty / Ballot Affiliation Address of the Committee (street or post office box) City State ZIP Code Telephone Number					(5) calendar days of out or third party cand for third party cand for the solution of the solution of the solution of the solution of the individual campaign committees by appoint the individual campaign.	or within five (5) In a political party, or filing a petition as an lidate. The check one of my ittee. It duals listed below to a second content of the co
	e chairperson of th	e committee. A second	elect at least two members. I member should be designator her name.	You may ap	- ,	nbers. One member
Full Name	Orian person		Full Name		ri casui ci	
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 Ap	pointee		
Co	mmittee Memb	er		Со	mmittee Memb	er
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 Ap	pointee		
Co	mmittee Memb	er				
Full Name					ld Amounts for P	
Address (street or post office	box)		\$	25,000	air Campaign Pra	ce
City	State	ZIP Code	\$ \$	10,000 5,000 5,000 1,000	State Senate State House s Circuit or distr County or mu	eat ict 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.
- County and municipal candidates file with their county's judge of probate.

Treasurer				
Full Name				
Address (street or post offic	ce box)	<u> </u>		
City	State	ZIP Code		
City	State	ZIP Code		

Committee Member				
Full Name				
	······································	·		
Address (street or pos	st office box)			
City	State	ZIP Code		
! 				
Signature of Appointe	e			

g Threshold Amounts for Public Offices nder 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.

Signature of elected official or candidate

FORM REVISED 9.2.2011