

## Appointment of



## RECEIVED JUL 13 2012

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

reaching the threshold amount, or within five (5)

## 07/16/2012 08:33:24 AM FILED/CERT Principal Campaign Committee

Please print in ink or type.

Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation  Address of the Committee (street or post office box)  City  State  ZIP Code  The Name of Candidate  Political Party / Ballot Affiliation  ZIP Code  ZIP Code  State  ZIP Code  The Name of Candidate  Political Party / Ballot Affiliation  ZIP Code  ZIP Code  The Name of Candidate  Political Party / Ballot Affiliation  ZIP Code  ZIP Code					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.  Type of Committee (check one)  I appoint myself as the sole member of my principal campaign committee.  I hereby appoint the individuals listed below to act as my principal campaign committee.	
If you are appointing others to should be designated as the cl and addresses in the spaces b	hairperson of th	ne committee. A second r	nember should be desig	nated as the tr	easurer. Please clearly print their names	<u>,</u>
Ch	airperson				Treasurer	
Full Name			Full Name			
Address (street or post office box	)		Address (stre	eet or post office	box)	<del></del>
City	State	ZIP Code	City		State ZIP Code	
Signature of Appointee	<u> </u>		Signature of	Appointee		
Comp	nittee Memi	)er		Coi	mmittee Member	·
Full Name			Full Name			
Address (street or post office box	)	· · · · · · · · · · · · · · · · · · ·	Address (stre	eet or post office	box)	
City	State	ZIP Code	City	<u></u>	State ZIP Code	
Signature of Appointee			Signature of	Appointee		
Comn	nittee Memt	oer				
Full Name				_	d Amounts for Public Offices air Campaign Practices Act	
Address (street or post office box	)			\$25,000 \$10,000	State Senate seat	
City	State	ZIP Code		\$5,000 \$5,000 \$1,000	State House seat Circuit or district office County or municipal office	
Signature of Appointee		· · · · · · · · · · · · · · · · · · ·				
Where to file this form	•••				ama Fair Campaign Practices Act, I o the best of my knowledge and beli	ef

- 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.

box)	<u> </u>
State	ZIP Code
	. <del></del>
	box) State

## mounts for Public Offices 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

Fair Campaign Practices Act, I e best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate