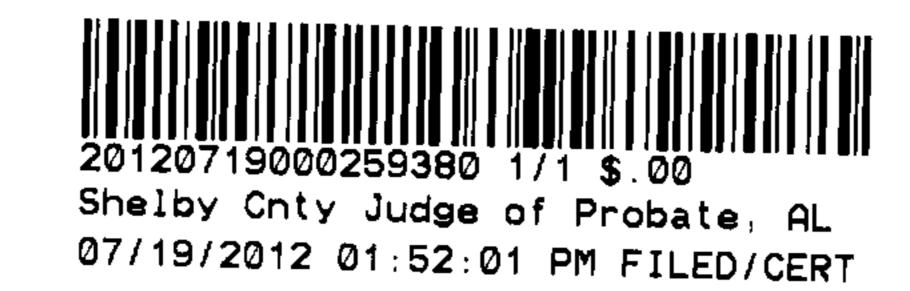


Appointment of



RECEIVED

JUL 18 2012

James W. Fuhrmeister Judge of Probate

Principal Campaign Committee

| Please print in ink or type. | | | | | This form is due within five (5) calendar days of | | |
|--|------------------|---------------------|--|---|---|---|--|
| Allota Sullwine of Candidate Allota Augulus Manne of Candidate | | | | | 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 | | |
| Office Spught (include district or circ | _ | | itical Party / Ballot Affiliation | on independen | nt or third party cand | lidate. | |
| Address of the Compittee (etreet or | TALLEL PORTOR DO | | · ·· • · · · · · · · · · · · · · · · · | ar' | ype of Committe | _ | |
| Address of the Committee (street or post office box) 19/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4 | | | | | appoint myself as the sole member of my principal campaign committee. | | |
| City Dechan | ay | ZIP 200 | e Telephone Number | | by appoint the indiving principal campaign | duals listed below to act committee. | |
| f you are appointing others to see should be designated as the chair and addresses in the spaces below | irperson of th | e committee. A seco | and member should be | mbers. You may app designated as the tr | point up to five men easurer. Please cle | nbers. One member arly print their names | |
| Chai | irperson | | | | Treasurer | | |
| Full Name | | | Full Na | ame | | | |
| Address (street or post office box) | | | Addre | Address (street or post office box) | | | |
| City | State | ZIP Code | City | | State | ZIP Code | |
| Signature of Appointee | | | Signat | ture of Appointee | <u></u> | | |
| Commit | tee Memb | er | | Cor | nmittee Memb | er | |
| Full Name | | | Full Na | ame | | | |
| Address (street or post office box) | <u> </u> | | Addre | ss (street or post office | box) | | |
| City | State | ZIP Code | City | | State | ZIP Code | |
| Signature of Appointee | <u> </u> | | Signat | ture of Appointee | · · · · · · · · · · · · · · · · · · · | | |
| Commit | tee Memb | er | | | | | |
| Full Name | | | | Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act | | | |
| Address (street or post office box) | | | | \$25,000 \$10,000 | Statewide offi State Senate | | |
| City | State | ZIP Code | | \$5,000 \$5,000 \$1,000 | State House s Circuit or disti County or mu | ict office | |
| Signature of Appointee | | | | | | | |
| | | | As red | quired by the Alaba | ama Fair Campaig | n Practices Act, I | |

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.

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hereby swear or affirm to the best of my knowledge and belief

that the impremation contained herein is true and correct.

Signature of elected official or candidate

Date