

# Appointment of

Full Name of Candidate



### RECEIVED

JUL 2 0 2012

James W. Fuhrmeister Judge of Probate

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

## Principal Campaign Committee

Please print in ink or type.

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Office Sought (include district or	circuit number, if a	pplicable)	Political	Party / Ballo	ot Affiliation
VELHAM City COUNCIL PLACE 3			K	-F. 0,	
Address of the Committee (street	et or post office box	<b>(</b> )			
145 CEDAZ U	DUE DR	<del></del>		<u>-</u> .	<u></u>
City /	State	ė ZIP	Code	Telephone N	umber
ELHAM	AL	<u> </u>	24	, , , , , , , , , , , , , , , , , , , ,	· · ·
f you are appointing others to	o serve as your c	ommittee, you	must sel	ect at least	two mem
should be designated as the	chairperson of th	e committee. A	second	member st bername	rould be d
and addresses in the spaces	below. Each app	politiee iriusi si	an ma or	nei name.	
C	hairperson				
Full Name		· · · · · · · · · · · · · · · · · · ·			Full Nar
Address (street or post office bo	)X)	<u> </u>			Address
	•				
City	State	ZIP Code			City
Signature of Appointee	<u> </u>	<u></u>			Signatu
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Full Name					Gill 14al
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Address (street or post office bo	ox)				Address
			<u> </u>		City
City	State	ZIP Code			City
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Signature of Appointee					Signatu
Com	mittee Memb	er			انقنسسس
Full Name					
Address (street or post office bo	ox)				
City	State	ZIP Code	· · · · · ·		
<b>→</b>					
Signature of Appointee		<u></u>	· ·		
2.3 2 ibbaa					
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#### 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.

reaching the threshold amount, or within <b>five</b> (5) calendar days of qualifying with a political party, or within <b>five</b> (5) calendar days of filing a petition as a 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.				

at least two members. You may appoint up to five members. One member nber should be designated as the treasurer. Please clearly print their names name.

Full Name			
Address (street or post	office box)		<del></del>
City	State	ZIP Code	
Signature of Appointee	<u> </u>		<u> </u>
	Committee Memb	)er	
Full Name			
Address (street or post	office box)	· · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	•
Signature of Appointee			

Treasurer

#### 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 offic

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