APPOINTMENT OF PRINCIPAL CAMPAIGN COMMITTEE

THIS AREA FOR OFFICIAL USE ONLY



03/19/2010 10:25:09 AM FILED/CERT

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar dave of filing a netition as an independent or third party candidate

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Please print in Ink or Type.	MAR 15 ZUIU
Full Name of Candidate Aubrey S. Miller	James W. Fuhrmeister Judge of Probate
Office Sought (include district or circuit number, if applicable) Political Pa	rty / Ballot Affiliation
PLACE #2 SHELBY COUNTY Bd. of Education	Type of Committee (check one)
Address of the Committee (street or post office box)	I appoint my soulf on the souls means be a stance
P.O. BOX 380421	appoint myself as the sole member of my principal campaign committee.
	phone Number hereby appoint the individuals listed below
Birmingham, AL 35238 20	to act as my principal campaign committee.
Please clearly print their names and addresses in the spaces be	mmittee. A second member should be designated as the treasurer. slow. Each appointee must sign his or her name.
Please clearly print their names and addresses in the spaces be Chairperson	low. Each appointee must sign his or her name. Treasurer
Please clearly print their names and addresses in the spaces be	low. Each appointee must sign his or her name.
Chairperson Full Name Address (street or post office box)	low. Each appointee must sign his or her name. Treasurer
Chairperson Full Name Address (street or post office box) City State ZIP Code	Treasurer Full Name Address (street or post office box) City State ZIP Code
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Chairperson Full Name Address (street or post office box) City State ZIP Code	Treasurer Full Name Address (street or post office box) City State ZIP Code Signature of Appointee
Chairperson Full Name Address (street or post office box) City State ZIP Code Signature of Appointee	Treasurer Full Name Address (street or post office box) City State ZIP Code Signature of Appointee
Chairperson Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member	Treasurer Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member
Chairperson Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member Full Name	Treasurer Full Name Address (street or post office box) City State ZIP Code Signature of Appointee Committee Member

Full Name		,	
		 	
Address (street	or post office box)	•	

State

ZIP Code

Where to file this form ...

City

Signature of Appointee

- State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-208. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

Address (street or post office	box)		· ····································
City	State	ZIP Code	

Full Name		
Address (street or post o	ffice 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.

Signature of elected official or candidate