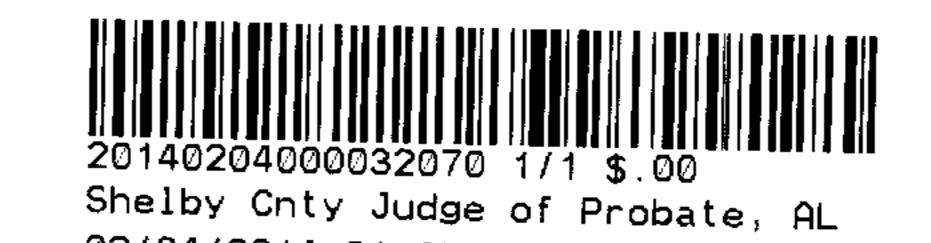


## Appointment of



FEB 0 4 2014

James W. Fuhrmeister Judge of Probate

RECEIVED

## Principal Campaign Committee

Please print in ink or type.

ricase print in the or type.	This form is due within <b>f ve</b> (5) calendar days of
Full Name of Candidate RANDY FULLER	reaching the threshold amount, or within <b>f ve</b> (5) calendar days of qualifying with a political party, or within <b>f ve</b> (5) calendar days of f ling a petition as an
Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Aff liation  SUPERINTENDENT OF EDUCATION  Political Party / Ballot Aff liation  REPUBLICAN	independent or third party candidate.
Address of the Committee (atreat or most off so boy)	Type of Committee (check one)
534 CALOWELL MILL CIRCLE	I appoint myself as the sole member of my principal campaign committee.
City BIRMINGHAM AL 35242 Telephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to f ve members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

Chairpers	son
Full Name	
Address (street or post off ce box)	
City State	ZIP Code
Signature of Appointee	
Committee N	/lember
Full Name	
Address (street or post off ce box)	
City State	ZIP Code
Signature of Appointee	
Committee N	/lember
Full Name	
Address (street or post off ce box)	
City State	ZIP Code
Signature of Appointee	<del></del>

## Where to file this form ...

- ➤ State candidates f le with the Off ce 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 fle with their county's judge of probate.

Treasurer		
Full Name		
Address (street or post off ce box)		
Address (street or post on de box)		
City State	ZIP Code	
Oi		
Signature of Appointee		

Committee Member		
Fuli Name		
Address (street or post off ce bo	x)	
City State	ZIP Code	
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·	

## Filing Threshold Amounts for Public Off ces under the Fair Campaign Practices Act

\$25,000 Statewide	off ce
\$10,000	State Senate seat
\$5,000	State House seat
\$5,000	Circuit or district off ce
\$1,000	County or municipal off ce

As required by the Alabama Fair Campaign Practices Act, I hereby swear or aff rm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected off cial or candidate