





Appointment of Shelby Cnty Judge of Probate O6/29/2016 01:45:00 PM FILED Principal Campaign Committee

Please print in ink or type.	This form is due within five (5) calendar days of
Full Name of Candidate John M. Strozier Republican Office Sought (include district or circuit number, if applicable) Place 5, North Shellby Fire EMD, Email Address of the Candidate JMStroze bellsouth, Jet Address of the Committee (street or post office box) Address of the Committee (street or post office box) State ZIP Code Telephone Number TINDIAN Springs If you are appointing others to serve as your committee, you must select at least two is should be designated as the chairperson of the committee. A second member should and addresses in the spaces below. Each appointee must sign his or her name.	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 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. Thereby appoint up to five members. One member
Chairperson	Trogonica
Full Name Email Address Full Name	me Email Address
Address (street or post office box) Address	s (street or post office box)
City State ZIP Code City	State ZIP Code
Signature of Appointee Signature of Appointee Committee Member Signature of Appointee Committee Member	
Full Name Email Address Full Name	
Address (street or post office box) Address	s (street or post office box)
City State ZIP Code City	State ZIP Code
	re of Appointee
Committee Member	Committee Dissolution Designee
Full Name Email Address Full Nar	ne Email Address
Address (street or post office box) Address	s (street or post office box)
City State ZIP Code City	State ZIP Code
Signature of Appointee Signature	re of Appointee

A note regarding the dissolution designee ...

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Where to file this form ...

State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.

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

(23/16)
Date