

## Appointment of Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY



Please print in ink or type,	
Full Name of Candidate Dominge Gardner	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
Office Sought (include districtor circuit number, if applicable) Political Party / Ballot Affilia  Helle Gity Council Dimowat	
Address of the Committee (street or post office box)	Type of Committee (check one)
1306 Old Canada Core	l appoint myself as the sole member of my principal campaign committee.
City Heller State 21P Code Telephone Number 35080	· · · · · · · · · · · · · · · · · · ·
f you are appointing others to serve as your committee, you must select at least two reshould be designated as the chairperson of the committee. A second member should and addresses in the spaces below. Each appointee <u>must</u> sign his or her name.	nembers. You may appoint up to five members. One member
Candidates who choose to be the sole member of their principal campaign committee cossibility of death or incapacitation of the candidate.	must choose a designee to dissolve the committee due to the
Chairperson	Treasurer
Full Name Email Address	l Name Email Address
Doming Gardner contact @ sundner 4helens.com	
Address (start of the start of	dress (street or post office box)

Signature of Appointee		
	·	·
· C	ommittee Memb	er · ·
Fuli Name	Ema	il Address
Address (street or post off	ice box)	-
City	State	ZIP Code

Committee Member				
Full Name	Ema	Email Address		
Address (street or post of	•	<u>.                                    </u>		
City	State	ZIP Cade		
Signature of Appointee	•	<del></del>	<del></del>	
- :				

## Where to file this form ...

- State candidates file with the Office of the Secretary of State.\*
- County candidates must file electronically at fcpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.
- \* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click

Treasurer		
Ema	ail Address	.,
	•	
e box)	-	<b>-</b> -
State	ZIP Code	-
	e box)	Email Address  e box)

Committee Member			
Full Name	Email Address		
	ا .	•	
Address (street or post of	fice box)		
City	State ZIP Cod	de	
Signature of Appointee			

	Committee Dissolution Designee	,
· •.	Full Name  Shaguita Pruitt Supruitte armai  Address (sireet or post office box)  204 appleford Rd	l. con
	State ZIP Code AL 35080.  Signature of Appointee  Signature of Magniture Magniture  Magniture of Magniture Magniture  Magniture of Magniture Magniture  Mag	

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