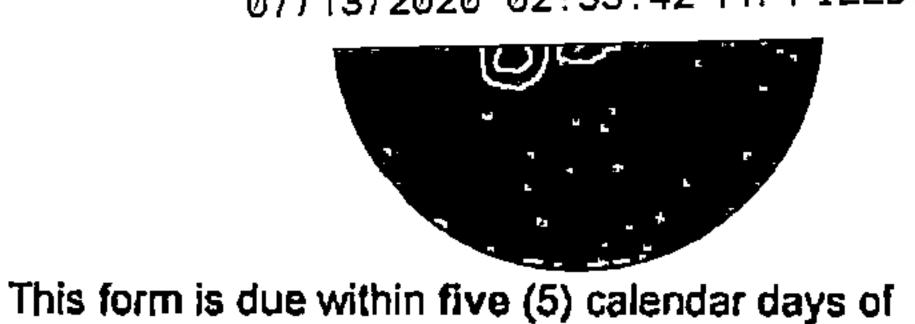


Office Sought (include district or circuit number, if applicable)

Full Name of Candidate

Appointment of Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY Shelby Cnty Judge of Probate, AL 07/13/2020 02:33:42 PM FILED/CERT



reaching the threshold amount, or within five (5)

independent candidate.

calendar days of qualifying with a political party, or

within five (5) calendar days of filing a petition as an

Please print in ink or type.

SOPHIE LORRAINE MARTIN

Candidates who choose to be the sole member of their principal campaign

committee must choose a designee to dissolve the committee due to the

State candidates file with the Office of the Secretary of State. County and

possibility of death or incapacitation of the candidate.

municipal canidates file with their county's judge of probate.

Where to file this form ...

#CABASTER CITY COUNCIL WARD I Email Address of the Candidate S/martin a) b c b s al. org			Type of Committee (check one) I appoint myself as the sole member of my				
				Address of the Committee (st	•		principal campaign committee.
					OMOORCIRCLE		
City A-LABASTE	State ZIP Code Telephone Number 4-LABASTER AL 35007		as my principal campaign committee.				
should be designated as th	to serve as your committee, you muse chairperson of the committee. A secess below. Each appointee must sign i	cond member should be desi	rs. You may appoint up to five members. One member ignated as the treasurer. Please clearly print their names				
	Chairperson		Treasurer				
Full Name	Email Address	Full Name	Email Address				
Address (street or post office box)		Address (street	Address (street or post office box)				
City	State ZIP Code	City	State ZIP Code				
Signature of Appointee		Signature of App	Signature of Appointee				
·	ommittee Member		Committee Member				
Full Name	Email Address	Full Name	Email Address .				
Address (street or post office	box)	Address (street	or post office box)				
City	State ZIP Code	City	State ZIP Code				
Signature of Appointee		Signature of App	cointee				
Ç	ommittee Member		Committee Dissolution Designee				
Fuli Name	Email Address	Full Name	Email Address				
Address (street or post office box)		Address (street	Address (street or post office box)				
City	State ZIP Code	City	State ZIP Code				
Signature of Appointee		Signature of App	ointee				
A note regarding the	dissolution designee	As required i	by the Alabama Fair Campaign Practices Act, I				

Political Party / Ballot Affiliation

hereby swear or affirm to the best of my knowledge and belief

that the information contained herein is true and correct.

Signaturé of elected official or candidate