## Appointment of

## Principal Campaign Committee

Please print in ink or type.

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_		al Party / Ballot Affiliation
mbiana	Ward 4	Republican
ost office box)		
_		
State	ZIP Code	Telephone Number
AL	35051	
	ost office box)	ost office box)  State  ZIP Code

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Shelby Cnty Judge of Probate, AL

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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 days of filing a petition as an independent candidate.

## Type of Committee (check one)

$\mathbf{A}$	I appoint myself as the sole member of my principal campaign committee.
	principal campaign committee.

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 five 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.

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

Chairperson			
Full Name	Email Address		
Address (street or post of	ffice box)		
City	State	ZIP Code	
Signature of Appointee			

	Email Address		
ox)			
State	ZIP Code		
. }			

Full Name	Ema	Email Address	
Address (street or post of	office box)		
City	State	ZIP Code	

## 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

o [Municipal] e	andidates file with	n the county ju	idge of probates:
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\* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

Treasurer				
Fuil Name	Ema	Email Address		
Address (street or post or	ffice box)			
City	State	ZIP Code		
Signature of Appointee				

Full Name	Email Address		
Address (street or post	office box)		
City	State	ZIP Code	
Signature of Appointee	· <del></del> -		

Committee Dissolution Designee				
Full Name	Ema	Email Address		
Address (street or post o	ffice box)	<u> </u>		
City	State	ZIP Code		
Signature of Appointee				

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

Date