

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Appointment of Principal Campaign Committee

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

Address of the Committee (street or post office box)

WARRINR

Full Name of Candidate

Please print in ink or type.

State

FILED IN OFFICE PROBATE COURT

12 REC'D

JAMES P. NAFTEL, II Judge of Probate

Political Party / Ballot Affiliation

Telephone Number

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021079937 Pages: 1 of 1 certify this instrument filed on 7/12/2021 12:28 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: NICOLE

This form is due within five (5) calendar days of a petition as an . independent candidate.

	reaching the threshold amount, or within five (
	calendar days of qualifying with a political part
<u>.</u>	within five (5) calendar days of filing a petition

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X	I appoint myself as the sole member of my principal campaign committee.
	I hereby appoint the individuals listed below to act

Type of Committee (check one)

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.

ZIP Code

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	Ema	ail Address				
· · ·						
Address (street or post office box)						
City	State	ZIP Code				
Signature of Appointee)					
Committee Member						

Full Name	. Em	ail Address
Address (street or post o	ffice box)	
City	State	ZIP Code
Signature of Appointee		•
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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

		Treasurer				
Full Name	Name Email Address					
	•	•				
Address (s	street or post office I	box)	-			
	, ,		•			
City	. ~	State	ZIP Code			
Signature	of Appointee		~			
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box)	
box)	
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State	ZIP Code
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7-	Committee	Dissolution E)esignee
	Full Name	Emai	il Address
	Sucena	B: C	/ark
	Address (street or post office b	Deive	,
	City	State	ZIP Code
	Fairfield	AL.	35064
	Signature of Appointee	12	2. ls.
	Aucena	- 12 C	

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.