## Appointment of



20210817000400760 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/17/2021 11:30:54 AM FILED/CERT

## Principal Campaign Committee

County Division Code: AL040
Inst. # 2021080163 Pages: 1 of 1
I certify this instrument filed on
7/12/2021 2:40 PM Doc: ELCAPRE
Judge of Probate
Jefferson County Al

THIS AREA FOR OFFICIAL USE ONLY

Clerk: WORTHYV

Please print in ink or type.					This form is due within	five (5) ca	landar dave of	
Full Name of Candidate  Arker  Office Sought (include district or circuit number, if applicable),  Political Party / Ballot Affiliation					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 condidate.			
Office Sought (include district or circuit number, if applicable) Political Party / Ballo City Council District 4				Amination	independent candidate.  Type of Committee (check one)			
Address of the Committee (street or post office box)								
3116 33rd PlAce North					I appoint myself as the sole member of my principal campaign committee.			
B'hA~	State AL	35207 2	elephone Nu los 943		I hereby appoint to as my principal ca		als listed below to act mmittee.	
f 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 treasurer. Please clearly print their names and addresses in the spaces below. Each appointee <u>must</u> sign his or her name.  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								
Candidates who choose to be the possibility of death or incapacitation		ir principal campa	aign comm	ittee <u>must</u> cho	ose a designee to dissol	ive the com	mittee due to the	
Chai	rperson			<u> </u>	Treasu	ırer	<u>.</u>	
Full Name	Email Address	s PAVICEN		Fuli Name		Email Ad	dress	
Address (street or post office box)	31	163329 DI	No A	Address (stre	et or post office box)			
B'ham AL	State ZIP C	Code 5 <u>35</u> &り_		City	S	State	ZIP Code	
Signature of Appointee	J. D.			Signature of A	ppointee			
Committee Member					Committee Member			
Full Name	Email Address	S		Full Name		Email Ad	dress	
Address (street or post office box)				Address (stree	et or post office box)			
City	State ZiP C	Code		City	S	tate	ZIP Code	
Signature of Appointee			7	Signature of A	ppointee			
Committ	ee Member			1	Committee Dissolu	ution Des	signee	
Full Name	Email Address	<u>,</u>		Full Name		Email Ac		
Address (street or post office box)	<u> </u>	<u> </u>		Address (street	t or post office box)	<u></u>		
				2793	Piednin	Dr.		
City	State ZIP C	Code		City han	$\Lambda_{\cdot}$		ZIP Code 5 o つ て	
Signature of Appointee			-	Signature of A	ppointee			

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 "Committee Registration."

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

FORM REVISED 6.19.2017