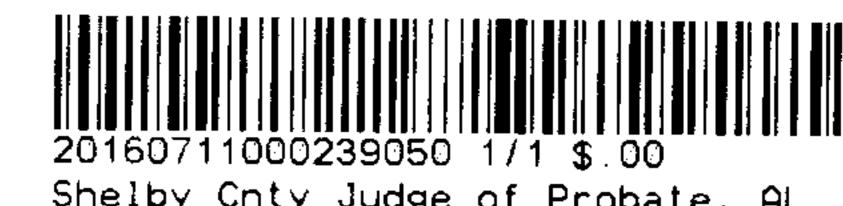


# Appointment of

Full Name of Candidate



20160711000239050 1/1 \$.00 Shelby Cnty Judge of Probate: AL 07/11/2016 10:56:26 AM FILED/CERT

## RECEIVED

JUL 08 2016

James W. Fuhrmeister Judge of Probate

This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

### Please print in ink or type.

Principal Campaign Committee

Kerri Bell Patc  Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation			calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.	
				Alabaster C
Email Address of the Candidate			Type of Committee (check one)	
Kerripate 29	mail.com		I appoint myself as the sole member of my	
Address of the Committee (stree	et or post office box)		principal campaign committee.	
3000 11. Grande	e View Cv.			
City Alabaster		elephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.	
should be designated as the o	serve as your committee, you must selecthairperson of the committee. A second model below. Each appointee must sign his or h	nember should be desig	s. You may appoint up to five members. One member gnated as the treasurer. Please clearly print their names	
	Chairperson		Treasurer	
Full Name  Kristina Sur	Mrall Sumrall X5009	Full Name Amanda	Jezdinir a.jezdinir Oshelbyal.	
Address (street or post office box	x) • <b>Y</b>	Address (street o	or post office box)	
242 Grande View	Cir	1/20 Sh	120 Sheltered Cove	
Maylene	State ZIP Code 35114	City Wilson	wille At zirget/86	
Signature of Appointee	Sumal	Signature of App	da 1 (Azelin	
Cor	nınittee Member		Committee V.ember	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office bo	x)	Address (street o	or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of App	Signature of Appointee	
Cor	nmittee Member		Committee Dissolution Designee	
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	<u> </u>	Signature of App	pointee	

#### A note regarding the dissolution designee ...

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 possibility of death or incapacitation of the candidate.

#### Where to file this form ...

State candidates file with the Office of the Secretary of State. County and municipal canidates file with their county's judge of probate.

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