County Division Code: AL040 Inst. # 2016078559 Pages: 1 of 1 I certify this instrument filed on: 8/3/2016 6:11 PM

Doc: ELPCC Alan L.King, Judge of Probate Jefferson County, AL

Clerk: LYNN



Full Name of Candidate-

FAIR CAMPAIGN PRACTICES ACT

STATE OF ALABAMA

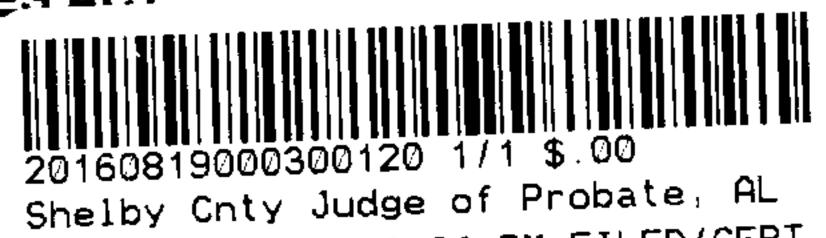
Office Sought (include district or circuit number, it applicable)

possibility of death or incapacitation of the candidate.

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

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

Where to file this form ...



Political Party / Ballot Affiliation

Appointment of Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of Probate, AL 08/19/2016 03:35:04 PM FILED/CERT Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY

FILED IN OFFICE PROBATE COURT

JUL 2 6 2016

ALAN L. KING Judge of Probate

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

E.O.D.

independent candidate.

Please print in ink or type.

Po. Box 29 City You are appointing others to se hould be designated as the characters.	AL 35094 erve as your committee, you must se irperson of the committee. A second	member should be designated	appoint myself as the sole member of my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. You may appoint up to five members. One member ated as the treasurer. Please clearly print their names	
	ow. Each appointee must sign his o	r her name.	Treasurer	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street or p	Address (street or post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appoin	itee	
	·			
Comr	nittee Member		Committee Member	
Full Name	Email Address	Full Name	Email Address	
Address (street or post office box)		Address (street or p	post office box)	
City	State ZIP Code	City	State ZIP Code	
Signature of Appointee		Signature of Appoin	Signature of Appointee	
Comr	nittee Member		ommittee Dissolution Designee	
Full Name	Email Address	Full Name Shanta	Email Address	
Address (street or post office box)		Address (street or	post office box) Iden Glen Drive	
City	State ZIP Code	City	State ZIP Code 35004	
Signature of Appointee		Signature of Appoin		

Signature of elected official decandidate

FORM REVISED 1.28,2016