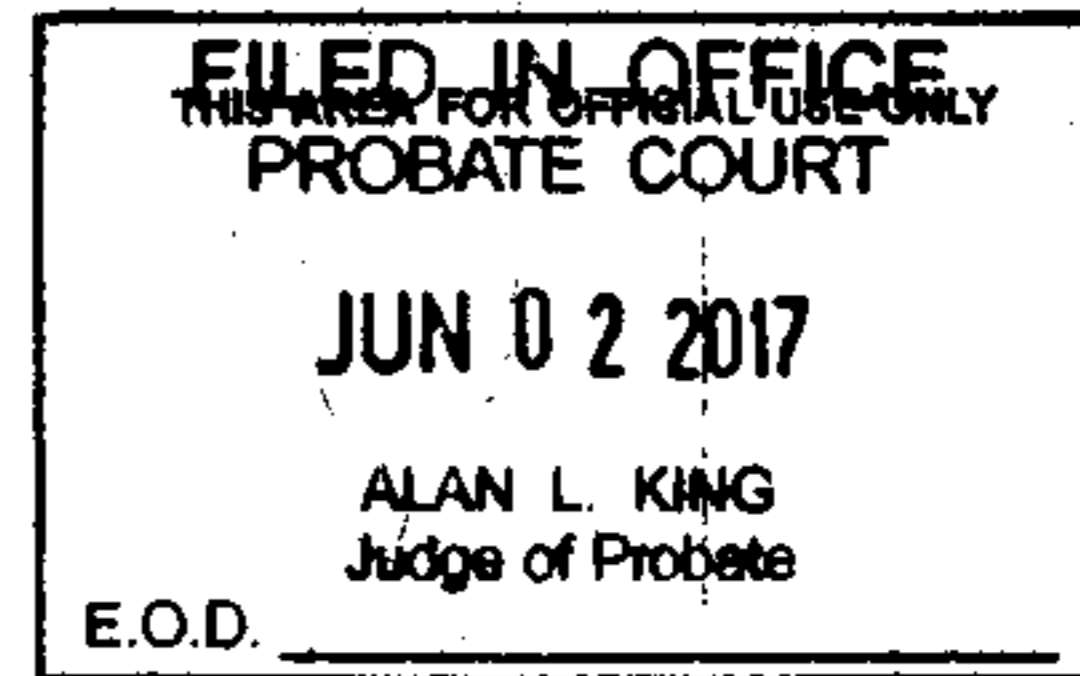




FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Appointment of Principal Campaign Committee



Please print in ink or type.

Full Name of Candidate <b>John Hilliard</b>	
Office Sought (include district or circuit number, if applicable) <b>Birmingham City Council District 9</b>	Political Party / Ballot Affiliation
Email Address of the Candidate <b>JohnHilliardD9@gmail.com</b>	
Address of the Committee (street or post office box) <b>1936 Castleberry Way</b>	
City <b>Birmingham</b>	State <b>AL</b> ZIP Code <b>35214</b>

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)

☐ I 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.

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.

Chairperson	
Full Name <b>Tevin Jones</b>	Email Address <b>johnhilliard.gov@gmail.com</b>
Address (street or post office box) <b>228 18th St. N</b>	
City <b>Birmingham</b>	State <b>AL</b> ZIP Code <b>35201</b>
Signature of Appointee <i>Tevin Jones</i>	

Treasurer	
Full Name <b>Alexandria Hilliard</b>	Email Address <b>hilliard1908@gmail.com</b>
Address (street or post office box) <b>1936 Castleberry Way</b>	
City <b>Birmingham</b>	State <b>AL</b> ZIP Code <b>35214</b>
Signature of Appointee <i>Alexandria Hilliard</i>	

Committee Member	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

Committee Member	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

Committee Member	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

Committee Dissolution Designee	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

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

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.

### Where to file this form ...

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

*John R. Hilliard* 5/31/17  
Signature of elected official or candidate Date

FORM REVISED 1.28.2016

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Shelby Cnty Judge of Probate, AL  
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