

## Appointment of Principal Campaign Committee

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Shelby Cnty Judge of Probate, AL 05/27/2020 11:01:30 AM FILED/CERT

Please print in ink or type.

Full Name of Candidate

Russell Biss Nix

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

Political Party / Ballot Affiliation

Mayor

Address of the Committee (street or post office box)

City

State

ZIP Code

Telephone Number

Mayer

Markevallo

Al 35/15

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)

$\neg$	I appoint myself as the sole member of my
	principal campaign committee.

Treasurer

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 <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 possibility of death or incapacitation of the candidate.

Chairperson
Full Name Email Address
William C. GlossanJr WG9 lesson
Address (street or post office box)
430 CRESTVIEW LIB.
City State ZIP Code 35/15
Signature of Appointee
Municipal Continue /
Committee Member
Fuli Name Email Address
David M Pope dpope 530
Address (street or post office box)
410 Crestricu Cir
City State ZIP Code
Montevallo Al 35115
Signature of Appointee
Cand///xose
Committee Wember
Full Name Email Address
Jouce E. Sherrer Joyceshemer 50gmail. con
Address (street or post office box)
104 Tecumset St.
City State ZIP Code
Montevallo Au 35115
Signature of Appointee
John E. Spore

## 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."

	Name		ail Address	,
M	lelinda B. Nix	runtu	kmoeam	ail .Com
Had	ress (street or post office box)		70	
68	lo Salem Boad			
City		State	ZIP Code	-
1	lontevallo	AL	35115	
Sign	ature of Appointee			
	Melinda B.	yey		
	Commit	tee Mem	per	
	Name		ail Address	
5	rerry L. Val	lides		
Add	ress (street or post office box)	_	~ _	
2	eo Crestuiel	Wlin	<u>le</u>	
City		State	ZIP Code	
M	ontevalo, Al	391	S	
1	ature of Appointee			
25	Then L/	alled	<u></u>	
	Committee Dis	solution	Designee	
	Name	Em	ail Address	
	Tanice F Sear ress (street or post office box)	MALA	anico Service	
Add	ess (street or post office box)		- Concernie	Canail.
1	40 Shelby St	_		
City		State	ZIP Code	
1	1 ontevalla	AI	25115	

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.

Russel Airo Misson Miss

Signature of Appointee

5-13-20

Date