



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY



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Shelby Cnty Judge of Probate, AL  
07/08/2020 02:24:23 PM FILED/CERT

# Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <b>DAVID FLETCHER MITCHELL</b>			
Office Sought (include district or circuit number, if applicable) <b>MAYOR OF COLUMBIANA, AL</b>		Political Party / Ballot Affiliation <b>REPUBLICAN</b>	
Address of the Committee (street or post office box) <b>310 HIGHWAY 25 E</b>			
City <b>COLUMBIANA</b>	State <b>AL</b>	ZIP Code <b>3505</b>	Telephone Number <b>( )</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.

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.

Chairperson			
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			

Treasurer			
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 <b>KATHY G. MITCHELL</b>		Email Address <b>kathy.mitchello5@gmail.com</b>	
Address (street or post office box) <b>310 Hwy 25 E</b>			
City <b>COLUMBIANA</b>	State <b>AL</b>	ZIP Code <b>35051</b>	
Signature of Appointee <b>Kathy G. Mitchell</b>			

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](http://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](http://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

**8 JULY 2020**  
Date