



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Appointment of Principal Campaign Committee

Please print in ink or type.

THIS AREA FOR OFFICIAL USE ONLY



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Shelby Cnty Judge of Probate, AL
07/13/2020 08:19:53 AM FILED/CERT

| | | | |
|--|--------------------|--------------------------------------|------------------|
| Full Name of Candidate <i>Mary Lee Reynolds</i> | | | |
| Office Sought (include district or circuit number, if applicable) <i>#77 #83 Council #5</i> | | Political Party / Ballot Affiliation | |
| Address of the Committee (street or post office box) <i>1677 #83</i> | | | |
| City <i>Vincent</i> | State <i>AL</i> | ZIP Code <i>35178</i> | Telephone Number |

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 | | Email Address | |
| Address (street or post office box) | | | |
| City | State | ZIP Code | |
| Signature of Appointee | | | |

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."

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.

Mary Lee Reynolds *7-13-20*
Signature of elected official or candidate Date

STATEMENT OF CANDIDACY

"State of Alabama, Shelby County, I, the undersigned, being first duly sworn, depose and say that I am a citizen of the city (or town) of Vincent, in said county, and reside at 1677 #83 Vincent, AL 35118 said city (or town); that I have been or will have been on the date of the municipal election a resident of said city (or town) for a period of not less than 90 days; that I desire to become a candidate for the office of Council - District 3 in said city (or town) for the term of 2020 years at the election for such office to be held on the 7th day of July, 20 20; that I am presently a qualified elector of the city (or town) of Vincent; and I hereby request that my name be printed upon the official ballot at said election."

OFFICE RUNNING FOR Council - Place 5 "Signed) Mary Lee Reynolds"
WARD, DISTRICT OR PLACE NO. 5

CANDIDATE'S NAME AS IT SHALL APPEAR ON THE BALLOT Mary Lee Reynolds
(PRINT PLEASE)

• NO NAMES MAY BE PRECEDED BY A TITLE OR NICKNAME.

• NICKNAMES MAY BE INSERTED BETWEEN THE FIRST NAME OR INITIAL AND THE LAST NAME.

"Subscribed and sworn to before me by said Mary Lee Reynolds on this 17th day of July, 20 20 10:33 A.M. (Time)"

Notary Public Shelby C. Sparks " (Mayor) Shelby C. Sparks "

My Commission Expires: February 17, 2021 " (Clerk) Shelby C. Sparks "

"THIS AFFIDAVIT IS IN ACCORDANCE WITH SECTION 11-46-25."

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