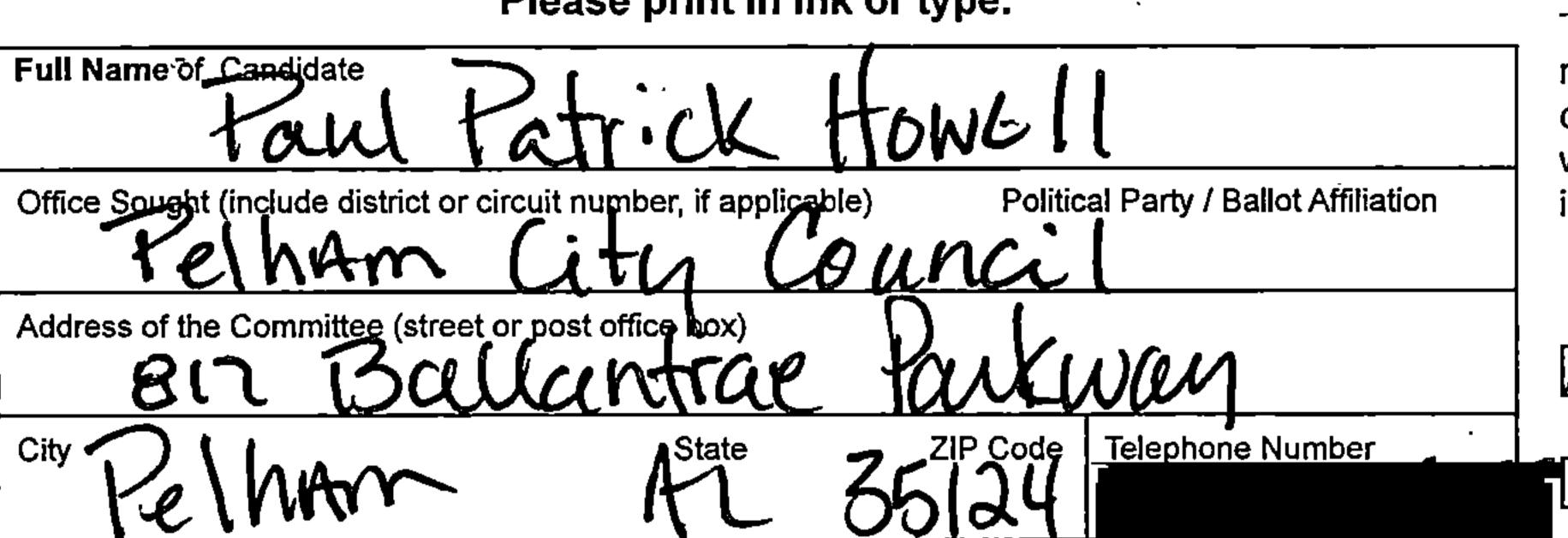
## Appointment of

## Principal Campaign Committee

Please print in ink or type.



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.

THIS AREA FOR OFFICIAL USE ONLY

Shelby Cnty Judge of Probate, AL

07/15/2020 02:50:46 PM FILED/CERT

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 <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				
Address (street of post office box)  City	Email Address  DIELLE CO  LOUISIAN  State  ZIP Code			
	tec 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				

## 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."

Treasurer				
Full Name	Ema	ail Address		
Address (street or post office box)				
		•		
City	State	ZIP Code		
Signature of Appointee				

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

Committee Dissolution Designee		
Fell Name  Law Tatick	Email Address  WHOWELLE	
Address (street or post office box)  817 balactor	actuary	
City Am	State ZIP Code 36124	
Signature of Appointed	How	

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 cardidate

**J-/5-4**Date

FORM REVISED 6.19.2017