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

I hereby appoint the individuals listed below to act



Full Name of Candidate

Appointment of Principal Campaign Committee



Shelby Cnty Judge of Probate, AL 07/16/2020 10:40:44 AM FILED/CERT

Please print in ink or type.

Office Sought (include d		Party / Ballot Affiliation independent	tent candidate.
Address of the Committee	ee (street or post office box)	K-CPWDII COII	Type of Committee (check one)
301 ₆	LONG BRANCH PR.	prin lephone Number	point myself as the sole member of my cipal campaign committee.
Callera annointing of	AL.	l he as r	reby appoint the individuals listed below to a ny principal campaign committee.
	thers to serve as your committee, you must select as the chairperson of the committee. A second m spaces below. Each appointee <u>must</u> sign his or h	AIDDAL PRAINA NA AAANAAAAA N	appoint up to five members. One member treasurer. Please clearly print their names
Candidates who choos	e to be the sole member of their principal campa ncapacitation of the candidate.	ign committee <u>must</u> choose a desig	gnee to dissolve the committee due to the
The second of th	Chairperson		Treasurer
Full Name	Email Address	Full Name	Email Address
Address (street or post office box)		Address (street or post office box)	
City	State ZIP Code	City	State ZiP Code
Signature of Appointee		Signature of Appointee	
	Committee Wember		ommittee Wember
Full Name	Email Address	Full Name	Email Address
Address (street or post of	ffice box)	Address (street or post office	e box)
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		Signature of Appointee	
	Committee Member		
Full Name	Email Address	Full Name	ee Dissolution Designee Email Address
Address (street or post off	fice box)	Manay Phillip Address (street or post office	11 14111111 11 11 11 11 11 11 11 11 11 1
		3016 Long Bra	
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		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."

	easurer				
Full Name	ame Email Address				
Address /street as a state of					
Address (street or post office box)					
	•				
City	State	ZIP Code			
		—··· — — — — — — — — — — — — — — — — —			
					
Signature of Appointee					
Camana					
Committee Member					
Full Name	ull Name Email Address				
•					
Address (street or post office box)					
Andreas farreer or bear diffee nox)					
<u>, </u>					
City	State	ZIP Code			
Signature of Appointme					
Signature of Appointee					
-					
Committee Di	ssolution	Docience			
Full Name					
		_			
Mandy Phillips	mandy	mandym 8302@gmail			
Address (street or post office box)					
3016 Long Branch Dr					
City	State	ZIP Code			
Caleed	M	357140			
Signature of Appointme	1 1				

As required by the Alabama Fair Campaign Practices Act, I

that the information contained herein is true and correct.

hereby swear or affirm to the best of my knowledge and belief

⁻"Date

FORM REVISED 6.19.2017

Signature of elected official or candidate