

Appointment of Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY

20200717000299850 1/1 \$.00

Shelby Cnty Judge of Probate, AL

07/17/2020 02:32:21 PM FILED/CERT

Please print in ink or type.

Structure of circuit number, if applicable)

Political Party / Ballot Affiliation

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

Political Party / Ballera City Council Member

Address of the Committee (street or post office box)

494 Cd Rd 306 P.D. Box 595

City

Full Name of Candidate

State 14. ZIP Code 35040

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 <u>must</u> 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	Ema	Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee		<u> </u>	

Committee Member			
Full Name	Em	ail Address	
Address (street or post offi	ce box)		<u> </u>
City	State	ZIP Code	
Signature of Appointee			

	——————————————————————————————————————	- 11 - A - A - A - A - A - A - A - A - A
Full Name	⊨ma	ail Address
·		
Address (street or post off	ice 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	
1			
Signature of Appointee			

Committee Wember			
Full Name	Email Address		
	<u> </u>		
Address (street or post of	ffice box)		
City	State	ZIP Code	
Signature of Appointee			

Committ	ee Dissolution Designee	
Full Name	Email Address	
Brandy Cost	brandyc524@aol.com	
Address (street or post office box)		
213 Savan	ah lane	
City	State ZIP Code	
Calera	AC 35040	
Signature of Appointee		
13 jach	(M)	

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

7-17-20/20

FORM REVISED 6.19.2017