

## Appointment of

Principal Campaign

PROBATE COURT

JUL 10 2020

Judge of Probate

Please print in ink of type. Full Name of Candidate Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation

Address of the Committee (street of post office box)

State

ZIP Code

Telephone Number

This form is d reaching the calendar days within five (5) independent (



County Division Code: AL040

Inst. # 2020073223 Pages: 1 of 1

7/13/2020 2:20 PM Doc: ELPCC

I certify this instrument filed on

Judge of Probate

Jefferson County, AL.

Clerk: SANDERSL

Shelby Cnty Judge of Probate, AL 07/20/2020 09:46:34 AM 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 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    |  |  |  |  |
|-------------------------------|----------------|--|--|--|--|
| Fuli Name                     | Emali Address  |  |  |  |  |
| •                             |                |  |  |  |  |
| Address (street or post offic | (אסל פּב       |  |  |  |  |
|                               | ·              |  |  |  |  |
| City .                        | State ZIP Code |  |  |  |  |
| ·                             |                |  |  |  |  |
| Signature of Appointee        |                |  |  |  |  |
|                               |                |  |  |  |  |

|                    | Comm             | ittee Memb    | er       |  |
|--------------------|------------------|---------------|----------|--|
| Full Name          | •                | Email Address |          |  |
| ·                  | 1                | <del></del>   |          |  |
| Address (street or | post office box) |               |          |  |
| City               |                  | State         | ZIP Code |  |
| Signature of Appo  | intee            |               |          |  |
|                    |                  |               |          |  |
|                    | Comm             | ittee Meml    | per      |  |

| Full Name                  | ommittee Member<br>Email Address |          |
|----------------------------|----------------------------------|----------|
| Address (street or post of | fice 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

| Treasurer                  |               |          |   |
|----------------------------|---------------|----------|---|
| Full Name                  | Email Address |          |   |
| Address (street or post of | fice box)     |          |   |
| City                       | State         | ZIP Code |   |
| Signature of Appointee     |               |          |   |
| Signature of Appointee     |               |          | _ |

| Full Name                 | Email Address |          |  |
|---------------------------|---------------|----------|--|
| Address (street or post o | ffice box)    |          |  |
|                           |               |          |  |
| City                      | State         | ZIP Code |  |

| Committe  | ee Dissolution | Designee          |      |
|---|----------------|-------------------|------|
| Full Name  KATAY Pool D  Address (street or post office | utton Kath     | nail Address      | tece |
| Address (street or post office)                         | e box) Road    |                   |      |
| City /  | State (2)      | ZIP Code<br>35094 |      |
| Signature of Appointee                                  | 17/11/11       |                   |      |

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