* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

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Appointment of

Principal Campaign Committee

Please print in ink or type.

•	Please print in link or type.		This form is due within five (5) calendar days of
Full Name of Candidate FICIC (NASH)			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
Office Sought (include district or circuit number, if applicable) Pelled M Letter Louvelle			independent candidate. Type of Committee (check one)
City		hone Numb	I hereby appoint the individuals listed below to act as my principal campaign committee.
nould be designated as the old addresses in the spaces andidates who choose to be	e chairperson of the committee. A second ment of below. Each appointee <u>must</u> sign his or her se the sole member of their principal campaign	nber should be desigr name.	You may appoint up to five members. One member nated as the treasurer. Please clearly print their names oose a designee to dissolve the committee due to the
ossibility of death or incapa	-		Treasurer
Full Name	Chairperson Email Address	Full Name	Email Address
KICK MASH			
Address (street or post office b	TWBSh&70 GMAINIGO		et or post office box)
·	LANDING RO 35124	,	or or poor office boxy
106 /N0/10 City	State ZIP Code	City	State ZIP Code
PELHAN	AL 35124		
Signature of Appointee		Signature of A	Appointee
Con	nmittee Member		Committee Member
Full Name	Email Address	Full Name	Email Address
Address (street or post office b)OX)	Address (stre	et or post office box)
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		Signature of A	Appointee
Con	nmittee Member		Committee Dissolution Designee
Full Name	Email Address	Full Name	Email Address
			MASH ROUNSHOF D'GMAIL, CA
Address (street or post office b)OX)	Address (stre	et or post office box)
		106 m	101AN LANDING RO
City	State ZIP Code	City	State ZIP Code
Signature of Appointee		Signature of A	
Where to file this for State candidates file wit	m th the Office of the Secretary of State.*	•	by the Alabama Fair Campaign Practices Act, I
County candidates mus fcpa.alabamavotes.gov			ar or affirm to the best of my knowledge and belief rmation contained herein is true and correct.
•	e with the county judge of probate.		

Signature of elected official or candidate

FORM REVISED 6.19.2017