



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

JUN 19 2019

ALAN L. KING
Judge of Probate

E.O.D.

County Division Code: AL040
Inst. # 2020063711 Pages: 1 of 1
I certify this instrument filed on
6/19/2020 12:49 PM Doc: ELPCC
Judge of Probate
Jefferson County, AL.

Clerk: LYNN

Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <i>Samuel Sligh Swiney</i>			
Office Sought (include district or circuit number, if applicable) <i>Hoover City Council Place 2</i>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <i>512 Cloudland Drive</i>			
City <i>Hoover</i>	State <i>AL</i>	ZIP Code <i>35226</i>	Telephone Number [REDACTED]


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 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	
Full Name	Email Address
Address (street or post office box)  20200728000313810 1/1 \$.00	
City <i>Shelby Cnty</i>	State <i>AL</i>
ZIP Code <i>35226</i>	
Signature of Appointee <i>Samuel Sligh Swiney</i>	

Treasurer	
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	

Committee 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	


Committee Dissolution Designee	
Full Name <i>Kristine Nicole Swiney</i>	Email Address <i>nswiney@gmail.com</i>
Address (street or post office box) <i>512 Cloudland Drive</i>	
City <i>Hoover</i>	State <i>AL</i>
ZIP Code <i>35226</i>	
Signature of Appointee <i>Kristine Nicole Swiney</i>	

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."

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

6/16/20
Date