



## Appointment of Principal Cares

20200728000314000 1/1 \$.00 Shelby Cnty Judge of Probate, AL 07/28/2020 09:04:52 AM FILED/CERT County Division Code: AL040
Inst. # 2020072652 Pages: 1 of 1
I certify this instrument filed on
7/10/2020 2:45 PM Doc: ELPCC
Judge of Probate
Jefferson County, AL.

Clerk: SANDERSL

## Principal Campaign Committee Please print in ink or type.

This form is due within five (5) calendar days of Full Name of Candidate reaching the threshold amount, or within five (5) Stoltz 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) Political Party / Ballot Affiliation independent candidate. Medican Type of Committee (check one) Address of the Committee (street or post office box) Box MOIL I appoint myself as the sole member of my principal campaign committee. City State ZIP Code Telephone Number I hereby appoint the individuals listed below to act 子グロの cects 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 Treasurer Full Name Email Address Fuli Name Email Address Address (street or post office box) Address (street or post office box) City State ZIP Code City State ZIP Code Lecus Signature of Applointee Signature of Appointee **Committee Member** \*Committee Wember ; IN Full Name PROBATE COURT Email Address **Email Address** 10 200 ess (street or post office box) Address (street or post office box) ALAN L. KING Judge of Probate City State ZIP Code .State ZIP Code E.O.D. Signature of Appointee Signature of Appointee Committee Member Committee Dissolution Designee 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

## 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

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FORM REVISED 6.19.2017