## FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA FILED

PROBATE COURT Appointment of

Principal Campaign Committee

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2020075745 Pages: 1 of 1 l certify this instrument filed on 7/17/2020 3:45 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: SANDERSL

Full Name of Candidate			
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<u></u>		Leed	
Office Sought (include district or circui	t number, if ann	licable) Politi	cal Darty / Ballot Affiliation
	C	modpie) Foliti	cal Party / Ballot Affiliation
Howev City	-ciun Cu	un Mace 4	
Address of the Committee (street or po	not office have		
7 tadioso of the Continues (street of pr	ost office box)	•	
POBUE 3610	) 4 Z		-
City	<del></del>	<u> </u>	<del></del>
	State	ZiP Code	Telephone Number
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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)

- 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	)OX)	
City	State ZIP Code	
Signature of Appointee	· · · · · · · · · · · · · · · · · · ·	

Committee Member			
Full Name	Em	Email Address	
Address (street or post of	fice box)		
City	State	ZIP Code	, .
Signature of Appointee			

Committee Member		
Full Name	Email Address	
Address (street or pos	t office box)	
City	20200728000314040 1/1 \$.00	1
Signature of Appointe	Shelby Chty Links	

## Where to file this form ...

- State candidates file with the Office of the Secretary of State.\*
- County candidates must file electronically at fcpa.álabamavotes.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."

Email Address
ox)
State ZIP Code

Full Name	Email Address		
Address (street or post of	ffice box)	· · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	1
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Committe	ee Dissolution Designee		
Full Name	Email Address		
Nicole Thou	nns Resonterontera		
Address (street or post offic	e box)		
5125 Valevi			
City	State ZIP Code		
Hoover	17L 35244		
Signature of Appointee	206		

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

Date