Appointment of

Principal Campaign Commit

Please print in ink or type.

Full Name of Candidate			
Curtis W. Po	75-4 111	[- (-)	- t)
Office Sought (include district or circuit nu		-	al Party / Ballot Affiliation
Hoover City C	31~Cil	Place	<u> </u>
Address of the Committee (street or post	office box)		
2504 13e11e	Terre	10, We	_
City	State	ZIP Code	Telephone Number
140000	AL	35226	

County Division Code: AL040 Inst. # 2020074486 Pages: 1 of 1 I certify this instrument filed on 7/15/2020 2:25 PM Doc: ELPCC Judge of Probate

Jefferson County, AL.

Clerk: SANDERSL

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.

THIS AREA FOR OFFICIAL USE ONLY

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.

irperson Email Address		
	44 (2 4.5 4	_
State	ZIP Code	
,		

Committee Member				
Full Name	Em	Email Address		
Address (street or post of	fice box)	*: :: .		
City	State	ZiP Code	<u>-</u>	
Signature of Appointee				

	Committee Member	
Full Name	Email Address	
Address (stre		
City	20200728000314070 1/1 \$.00 Shelby Cnty Judge of Probate, AL 07/28/2020 09:04:59 AM FILED/CERT	,
Signature of A	Appointee	

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."

Treasurer			
Full Name	Email Address		
•		•	
Address (street or post o	ffice box)		
City	State	ZIP Code	
Signature of Appointee	<u> </u>		.,

Committee Member			
Full Name	Email Address		
Address (street or post o	ffice box)		
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee				
Full Name	Email Address			
Emil	1 Pos	<u> </u>	256 pose	4 62525il
Address (street or pos	office box)	1		,
3504	Belle	Ter-e	Dive	Hover
City		State	ZIP Code	·
Signature of Appointee	765		7-13:	
- F/	1 6	1		

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

FORM REVISED 6.19.2017