

Principal Campaign Committee

Please print in ink or type.

State

Appointment of

Office Sought (include district or circuit number, if applicable)

Address of the Committee (street or post office box)

Park

Full Name of Candidate

County Division Code: AL040 Inst. # 2020077982 Pages: 1 of 1 I certify this instrument filed on 7/23/2020 11:29 AM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: SMITHMO

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ILED IN OFFICE PROBATE COURT

JUL 21 2020

ALAN L. KING Judge of Probate

E.O.D.

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. Political Party / Ballot Affiliation

Type of Committee (check one)

_	I appoint myself as	the sole member of my
	principal campaign	committee.

Treasurer

State

Committee Member

I hereby appoint the individuals listed below to act as my principal campaign committee.

Email Address

ZIP Code

35226

TOOVER 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.

ZIP Code

35226

Telephone Number

Full Name

City

HOOVEV

Signature of Appointee

Address (street or post office box)

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.

·	hairperson
Full Name	Email Address
Melissa Greene Hau	
Address (street or post office bo	(x)
1147 Campolot	<u> </u>
City	State ZIP Code
HOUNDA	Al 35226
Signature of Appointee	
MUNDA H	11/2 ·
Com	mittee Member
Full Name	Email Address
Address (street or post office bo)X)
City	State ZIP Code
•	
Signature of Appointee	
Com	mittee Member
Full Name	Email Address
Address (street or post office bo	ox)
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City	State ZIP Code
Signature of Appointee	
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<u> </u>	Shelby Cnty Judge of Probate, AL '08/03/2020 02:33:37 PM FILED/CERT

State candidates file with the Office of the Secretary of State.*

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."

County candidates must file electronically at

fcpa.álabamavotes.gov

Ema	Email Address	
- ,	-	
State	ZIP Code	
<u> </u>		
Ema	ail Address	
-		
State	ZIP Code	
	•	
	State	

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.

<i>, , ,</i>	•
Mi Mation	
Signature of elected official or candidate	

FORM REVISED 6.19.2017