PROBATE COURT

JUL 21 2020

ALAN L. KING

Judge of Probate



FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Appointment of



Shelby Cnty Judge of Probate, AL 08/03/2020 02:33:42 PM FILED/CERT

Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate			
Alli Green	e Nations		
Office Sought (include district	or circuit number, if applic	able) Politic Reのいら	cal Party / Ballot Affiliation
Address of the Committee (str. 432 $Park$	eet or post office box)		
City Hoover	State	ZIP Code 35226	Telephone Number
vou are appointing others	to serve as your comm	ittee vou must s	Clock at least two meanings

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.

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.

Full Name

City

Signature of Appointee

ا م نامة المنابة المنابق المن	Chairperson					
Full Name	Email Address					
Melissa Greene H	aus mah	ays 85@ gm	ACI 14 CON A.			
Address (street or post office		7302000	TANT THE CONTROL			
1147 Camelot	Ĉ۲.					
City	State	ZIP Code				
Howen	AL	35226				
Signature of Appointee	1116					
Co	nmittee Wemb	er				
Full Name	Email Address					
Address (street or post office	box)					
City	State	ZIP Code				
Signature of Appointee						
Cor	nmittee Memb					
Full Name		il Address				
	Litta	ii Addi ÇSS				
Address (street or post office	box)					
	<u> </u>					
City	State	ZIP Code				
O:			· · ·			
Signature of Appointee		•				
1						

Email Address Address (street or post office box) City State ZIP Code 35226 TOOVER 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 **Email Address** Address (street or post office box)

Treasurer

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

State

Signature of elected official or candidate

Date

ZIP Code