

Appointment of

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

COMME

1400 Ath Street

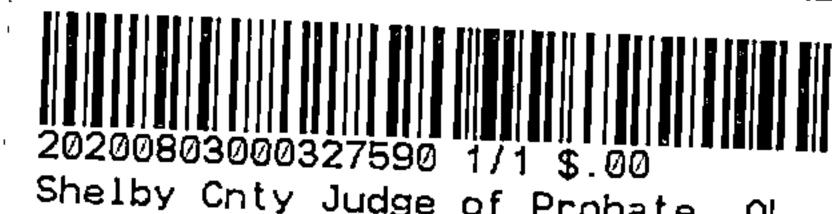
Address of the Committee (street or post office box)

Full Name of Candidate

beecs s

171

City



Shelby Cnty Judge of Probate, AL 08/03/2020 02:49:15 PM FILED/CERT

Principal Campaign Committee

Please print in ink or type.

Bell

State

THIS AREA FOR OFFICIAL USE ONLY		_			
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County Division Code: AL040 Inst. # 2020078681 Pages: 1 of 1 certify this instrument filed on 7/24/2020 12:17 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: CRAWFORD

** ***********************************
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.

	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

Political Party / Ballot Affiliation

Telephone Number

-eeJ(

ZIP Code

35094

should be designated as the chair and addresses in the spaces belo	rperson of th	he committee. A	A second m	nember she	ould be designated	as the treasurer. Please clearly print their names
	sole memb	er of their princ				a designee to dissolve the committee due to the
Chai	rperson			ľ		Treasurer
Full Name Email Address			Full Name	Email Address		
† 			TED II	J. J.F.F		
Address (street or post office box)	-				Address (street or	ost office box)
City	State	ZIP Code		Andrew Strict Lord	City	State ZIP Code
Signature of Appointee		E.O.D	_	Fronati	Signature of Appoin	tee
Commit	tee Memi	ber	•.			Committee Member
Full Name	Ema	ail Address	·		Full Name	Email Address
Address (street or post office box)	box)			Address (street or post office box)		
City	State	ZIP Code			City	State ZIP Code
Signature of Appointee			Signature of Appointee			
Committ	ee Memb	er			Çor	nmittee Dissolution Designee
Full Name	Ema	ail Address	-		Full Name	Email Address Bell Galago Com
Address (street or post office box)					Address (street or p	ost office box)
City	State	ZiP Code			City	State ZIP Code
Signature of Appointee					Signature of Appoin	tee
	 			Ţ		

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

FORM REVISED 6.19.2017

Date