

Appointment of

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

Address of the Committee (street oppost office box)

Full Namo of Candidate

BirmiNoHAM

BirmiNaHAM

Principal Campaign Committee

Political Party / Ballot Affiliation

Telephone Number

Please print in ink or type.

AICH DDACTICES	PROBATE COURT
AIGN PRACTICES	DEC 2.2 RECT
	JAMES P. NAFTEL, II

ZIP Code

County Division Code: AL040 Inst. # 2020145862 Pages: 1 of 1 I certify this instrument filed on 12/22/2020 10:50 AM Doc: ELPCC Judge of Probate Jefferson County, AL.

THIS AREA FOR OFFICIAL USE ONLY

Clerk: NICOLE

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 ier name.

aign committee <u>must</u> choose a designee to dissolve the committee due to the

and addresses in the spaces belo	_ `		
Candidates who choose to be the possibility of death or incapacitation			ipal campa
Element Chai	person	Approximate of the contract of	
Full Name	Ema	ail Address	
Address (street or post office box)		•	
City	State	ZIP Code	
Signature of Appointee		. 1	4
Commit	ee Memb	er.	Allen in the second sec
Full Name	Ema	all Address	
Address (street or post office box)	<u> </u>		1
Ćity	State	ZiP Code	, -
Signature of Appointee			•
Commit	tee Memb	rer	र रेड करें के किया की
Full Name		ail Address	•
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee	,		
†			

Full Name	عدم مدهد الأسود ع الأساد ع	Email Address	
Address (street or post office be	эх)	<u> </u>	
City	State	ZIP Code	
Signature of Appointee	,		
Con	mittee Nemi	er	
Full Name		Email Address	

The state of the s	committee vember - Landing
Full Name	Email Address
Address (street or post o	ffice box)
City	
Signature of Appointee	- 20210105000006390 1/1 \$.00 Shelby Cnty Judge of Probate, AL 01/05/2021 01:49:22 PM FILED/CERT

Committee Diss	solution Designee
Full Name	Email Address
LISA HARRIS	isa.a.haviis
Address (street or post office box) 753 6 Lunge Dr	@bell5004h.ne
city	State ZIP Gode 3511
Signatura of Appointee	un

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 belie
that the information contained herein is the and correct.

Signature of elected official or candidate

FORM REVISED 6.19.2017