

Appointment of Principal Campaign Committee

Full Name of Candidate

RECEIVED IN OFFICE PROBATE COURT

MAR

County Division Code: AL040 Inst. # 2021022937 Pages: 1 of 1 I certify this instrument filed on 3/1/2021 1:51 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: SSTEPHENS

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

I hereby appoint the individuals listed below to act

Please print in ink or type.

Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation			independent candidate.	
Address of the Committee (street or post office box) Birmingham				Type of Committee (check one)
2715 0xm608	کر الملا	~~ <i>}</i>		I appoint myself as the sole member of my
City Biranalan	Sta	te ZIP.Code	Telephone Number	principal campaign committee. I hereby appoint the individuals listed below to a as my principal campaign committee.
If you are appointing others to should be designated as the chand addresses in the spaces be	serve as your nairperson of the elow. Each ap	committee, you must so he committee. A second opointee <u>must</u> sign his o	r member should be design or her name.	You may appoint up to five members. One member nated as the treasurer. Please clearly print their names
possibility of death or incapacit	ation of the ca	ndidate.	npaign committee <u>must</u> cho	cose a designee to dissolve the committee due to the
Ch	airperson			Treasurer
Full Name	Em	ail Address	Full Name	Email Address
Address (street or post office box)			Address (stree	et or post office box)
City		710.0-4-		
	State	ZIP Code	City	
Signature of Appointee			Signature of A	<u></u>
Comm	ittee Memb	ner -		03/22/2021 01:00:01 PM FILED/CERT
Full Name		ail Address	Full Name	Committee Member Email Address
Address (street or post office box)			Address (stree	et or post office box)
City	State	ZIP Code	City	State ZIP Code
Signature of Appointee			Signature of A	ppointee
Commi	4400 NA			
Full Name	ttee Memb	il Address	Full Name	Committee Dissolution Designee Email Address
Address (street or post office box)	<u> </u>		Lynn	Malane
			Address (street	tor post office box) SXINGSY UCLI
City	State	ZIP Code	City	State ZIP Code
Signature of Appointee			Poly Will Income Signature of Ap	Micam XI 35211
<u> </u>				(1/1)
Vhere to file this form State candidates file with th		o Corretant of Ot-t-		W the Alabama Fair Compaign Deckies A. J.

County candidates must file electronically at

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

fcpa.alabamavotes.gov

"Committee Registration."

As required by the Alabama Fair Campaign Practices Act, I

that the information contained herein is true and correct.

hereby swear or affirm to the best of my knowledge and belief