

## Appointment of Principal Campaign Confidence Probable

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."

RECEIVED IN OFFICE PROBATE COURT

MAR - 2 2021

County Division Code: AL040 Inst. # 2021023838 Pages: 1 of 1 I certify this instrument filed on 3/2/2021 3:54 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: SSTEPHENS

Please print in ink or t	ype.	
Full Name of Candidate Clinton Proscott Woods		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.
Office Sought (Include district or circuit number, if applicable)  Political Party / Ballot Affiliation  Bimingnam City Council District 1		
Address of the Committee (street or post office box)		Type of Committee (check one)
1804 9th Place NW	7100 Code   Talasta   1	l appoint myself as the sole member of my principal campaign committee.
Birmingham AL 35		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 should be designated as the chairperson of the committee, and addresses in the spaces below. Each appointee <u>must</u>	. A SELVIU IUMDIDEL SOMUA DO ABEIA	s. You may appoint up to five members. One member names
Candidates who choose to be the sole member of their print possibility of death or incapacitation of the candidate.	ncipal campaign committee <u>must</u> ch	oose a designee to dissolve the committee due to the
Chairperson		Treasurer
Full Name Email Address	Full Name	Email Address
Address (street or post office box)	Address (stre	et or post office box)
City State ZIP Code	City	State ZIP Code
Signature of Appointee	Signature of A	Appointee
Committee Wember		Committee Member
Full Name Email Address	Full Name	Email Address
Address (street or post office box)	Address (stree	et or post office box)
City State ZIP Code	City	20210322000143230 1/1 \$.00
Signature of Appointee	Signature of A	
Committee Member		
Full Name Email Address	Full Name	Committee Dissolution Designee  Email Address
Address (street or post office box)	Address (stree	WOODS dawnwoods rx@gmail.com
City State ZIP Code		State ZIP Code
Signature of Appointee	Signature of Ap	pointee
Where to file this form State candidates file with the Office of the Secretary		
County candidates must file electronically at fcpa.alabamavotes.gov	hereby swear	by the Alabama Fair Campaign Practices Act, I r or affirm to the best of my knowledge and belief mation contained herein is true and correct.

Signature of elected official or candidate

FORM REVISED 6.19,2017