County Division Code: AL040



Appointment of Principal Campaign

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

Address of the Committee (street or post office box)

Full Name of Candidate

プレス ラストアン

City

MAR 15 2021

Political Party / Ballot Affiliation

Telephone Number

Please print in ink or type. E.O.D.

State

FILED IN OFFICE PROBATE COURT

Inst. # 2021029502 Pages: 1 of 1 I certify this instrument filed on 3/15/2021 3:12 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Clerk: SANDERSL

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)
principal campaign committee.
I hereby appoint the individuals listed below to acas 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 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.

ZIP Code

3520

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.

Chairperson			
Full Name	Ema	il Address	
<u> </u>			
Address (street or post o	ffice box)		
City	State	ZIP Code	
Signature of Appointee			
·			
	Committee Memb	er	
Full Name	Ema	ail Address	

	<u> </u>
ity	State ZIP Code
nature of Appointee	
	Committee Member
ıll Name	Email Address

Where	to	file this	form	
TTICIC	-	1116 (1110	. •	••

Signature of Appointee

City

- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.álabamavotes.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."

Treasurer			
Fuli Name	Email Address		
			,
Address (street or post office box)	1		
		<u> </u>	
City	State	ZIP Code	•
<u> </u>			<u></u>
Signature of Appointee			•
in the second			

Committee Member		
Full Name	Email Address	
Address (street or po	ost offic	
City	20210322000143250 1/1 \$.00	
Signature of Appoint	Shelby Cnty Judge of Probate, AL 03/22/2021 01:00:09 PM FILED/CERT tee	
, , , ,		

Committee Dis	ssolution	Designee	
Full Name	Email Address		
Darcel Bru	an dan	el El cerissabronia	
Address (street or post office box) 80 Box 1704		-	
City	State	ZIP Code	
Bismincham	al	35201	
Signature of Appointee	المهرو الم	ን ₇	

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

Date