



04/09/2021 01:53:25 PM FILED/CERT

THIS AREA FOR OFFICIAL USE ONLY

Jounty Division Code: AL040

Inst. # 2021035452 Pages: 1 of 1

Appointment of PROBATE COURT

Principal Campaign Committee

I certify this instrument filed on 3/29/2021 1:59 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

Please print in ink or type.

JAMES P. NAFTEL, II

Judge of Probate

This form is due within five (

	-	l '	ouage
Full Name of Candidate		E.(
DAAGUE HEND	RIUS		
Office Sought (include district or circu	it number, if applica	•	al Party / Ballot Affiliation
BOE-BCS DU	TRICT 4	<u>T</u>	SEMOCRAT
Address of the Committee (street or	ost office box)		
according 0148	BUND		
City	State	ZIP Code	Telephone Number
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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 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 <u>must</u> sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson				
Full Name	Ema	il Address		
Address (street or post office	e box)			
City	State	ZIP Code		
Signature of Appointee				
Çõ	mmittee Memb	er		
Full Name	<u></u>	il Address		
Address (street or post office	e box)			
City	State	ZIP Code	,	
Signature of Appointee	•		4.1	
Co	mmittee Memb	er	and the second s	
Full Name		Email Address		
Address (street or post office	e box)			

Treasurer				
Full Name	En	ail Address		
Address (street or post o	ffice box)			
City	State	ZIP Code		
Signature of Appointee	<u> </u>	<u> </u>		

Committee Member		
Full Name	Email Address	
Address (street or post of	ce box)	
City	State . ZIP Code	
Signature of Appointee		
Signature of Appointee		

Committee Dissolution Designee		
Full Name	Email Address	
ELIAS HENDRUCES	ebutch/ undn'ugey	
Address (street or post office box)		
2201 IST AVE NO.	MY SIA MOUN	
City	State ZIP Code	
BIHAM. A.	35203	
Signature of Appointee		
	<u></u>	

Where to file this form ...

Signature of Appointee

City

State candidates file with the Office of the Secretary of State.*

State

ZIP Code

- 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

] [3/25/20]

FORM REVISED 6.19.2017