

Appointment of Principal Campaign Committee

FILED IN OFFICE PROBATE COURT

Please print in ink or type.

JAMES P. NAFTEL, II Judge of Probate

Inst. # 2021035446 Pages: 1 of 1 certify this instrument filed on 3/29/2021 1:46 PM Doc: ELPCC Judge of Probate Jefferson County, AL.

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040

Clerk: NICOLE

Full Name of Candidate		·		
Bichard F.	Franklin	Tr.		
Office Sought (include district or circ			al Party / Ballot Affiliation	
Birminghan	City Connei	district	5 Democorak	
Address of the Committee (street or post office box)				
P.O. Box	683			
City	State	ZIP Code	Telephone Number	
Birmingham	AL	35201		

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)

I appoint myself as the sole member of my principal campaign committee.

Treasurer

State

Committee Member

I hereby appoint the individuals listed below to act as my principal campaign committee.

Email Address

Email Address

ZIP Code

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.

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.

Full Name

City

Full Name

City

Address (street or post office box)

Address (street or post office box)

Signature of Appointee

Chairperson			
Full Name	Ema	ail Address	
Address (street or post of	ffice box)		
City	State	ZIP Code	
Signature of Appointee			

Full Name	Em	ail Address
Address (street or post of	fice box)	
City	State	ZIP Code
Signature of Appointee		_

Committee Member				
Full Name	Email Address			
Address (street or post	office box)			
City	State ZIP Code			
Signature of Appointee	20210409000179130 1/1 \$.00 Shelby Cnty Judge of Probate, AL			
	04/09/2021 01:59:22 PM FILED/CERT			

ZIP Code State City Signature of Appointee Committee Dissolution Designee Email Address Full Name Address (street or post office box)

State

Signature/of Appointee

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.

Where to file this form ...

- 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"

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Signature of elected	official or candidate

ZIP Code