

## Appointment of Principal Campaign Committee

Full Name of Candidate

RECEIVED IN OFFICE PROBATE COURT

MAY 2 6 2021

JAMES P. NAFTEL, II

County Division Code: AL040
Inst. # 2021061100 Pages: 1 of 1
I certify this instrument filed on
5/26/2021 12:33 PM Doc: ELPCC
Judge of Probate
Jefferson County, AL.

Clerk: LYNN

This form is due within five (5) calendar days of

reaching the threshold amount, or within five (5)

Please print in ink or type.

Office Sought (include district or circuit number, if applicable)  Political Party / Ballot Affiliation					calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.		
City Committee letters of an	[- L) 1	STrict 6	Den,		Type of Committe	e (check one)	
Address of the Committee (street or post office box)  1127-15:46 Street SW				J/	I appoint myself as the sole member of my principal campaign committee.		
City Birmingham	State	ZIP Code 35211	Telephone Number 205-587-	31 ~U/   A	reby appoint the indivi	duals listed below to act committee.	
f you are appointing others to ser should be designated as the chair and addresses in the spaces below	ve as your co person of the	committee. A secon	id member should be	-	• •		
Candidates who choose to be the cossibility of death or incapacitation			mpaign committee <u>n</u>	<u>nust</u> choose a desi	gnee to dissolve the c	ommittee due to the	
Chair	rperson				Treasurer		
Full Name  Daniele Aar	dan	Address helle aaron 3 @ gmail.co.		yame that	<b>[ ]</b>	an letita et com	
Address (street or post of the box)			Addre	ess (street or post offi			
Birmingham	State /	ZIP Code 35211	City	irming has	State	ZIP Code 35211	
Signature of Appointed Line				ature of Appendee	adur		
	ee Membe			¢	ommittee Wemb	er	
Full Name	Email	Address	Full N	Vame	Emai	il Address	
Address (street or post office box)		<del></del>	Addre	ess (street or post offi	ce box)		
City	State	ZIP Code	City	···	State	ZIP Code	
Signature of Appointee			Signa	ature of Appointee			
Commit	ee Membe			Commit	tee Dissolution E	esianee	
Full Name		Address	Fullin		<del></del>	Address	
Address (street or post office box)		,	Addre	ess (street or post offi	ce box)		
City	State	ZIP Code	City		State	ZIP Code	
Signature of Appointee	2021001	1000287050 1/1 \$.	00	ature of Appointee		·	

## Where to file this form ...

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

06/11/2021 01:13:58 PM FILED/CERT

- 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

15-14-4

Date

FORM REVISED 6.19 2017