

Appointment of Principal Campaign Committee

	Please print in ink or type.					
Full Name of Candidate						
Sherman Collins JR						
Office Sc	Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation Birmingham, Board OF Ecocation - Dist 1					
Address	of the Committee (s	street or post office box)				
City		State	ZIP Code	Telephone Number		
Bir	minghan	m, Al. 35,	315			

County Division Code: AL040
Inst. # 2021074388 Pages: 1 of 1
I certify this instrument filed on
6/28/2021 4:14 PM Doc: ELPCC
Judge of Probate

Judge of Probate
Jefferson County, AL.

Clerk: PEEPLESC

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)

X	I appoint myself as t	the sole member of my committee.
îs—zii	principal campaign of	committee.

Treasurer

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

Email Address

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.

Full Name

Address (street or post office box)

Full Nam	e	Ema	ail Address			
Address	(street or post office box)			<u> </u>		
City		State	ZIP Code			
Signatur	e of Appointee					,
	Committ	ee Wemb	R		y OFF	
Full Nam			il Address	THE SAL	ECO	
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Address	(street or post office box)		act of the state o			
City		State	ZIR Cod	JAMES P O.D.	NAFT of Frod	EL ate
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Signature	of Appointee					
	Committe			·		
Full Nam	e	Ema	il Address			
Address	(street or post office box)					
	-					
City		State	ZIP Code			
Signature	of Appointee	20210709	000334630 1			,
		Shelby C	nty ludes -			- 1

Chairperson

Signature of Appointee

Committee Member
Full Name
Email Address

Address (street or post office box)

City
State
ZIP Code

Committee Member

Email Address

Address

Address (street or post office box)

Signature of Appointee

Committee Dissolution Designee

Full Name
Email Address

Where to file this form ... 07/09/2021 02:39:40 PM FILED/CERT

- State dandidates file with the Office of the Secretary of State.*
- 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

Address (street or post office box)

Signature of Appointee

rmingham

909 Woodbrook Rd

6-24-21

Date

ZIP Code