

Appointment of Shelby Cnty Judge of Probate, AL 07/21/2021 02:34:07 PM FILED/CERT

Principal Campaign Committee

Please print in ink or type.

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021080163 Pages: 1 of 1 I certify this instrument filed on 7/12/2021 2:40 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Clerk: WORTHYV

· ·	بر ماند الماند	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		
Full Name of Candidate A A A	Cer			
Office Sought (include district or circu	t number, if applicable	Politic	al Party / Ballot Affiliation	independent candidate. Type of Committee (check one)
Address of the Committee (street or p	ost office box)		•	Type of Committee (check one)
3176 33-6 PAC	e North		1 1 1	I appoint myself as the sole member of my principal campaign committee.
City \A~	State	ZIP Code <u>352oつ</u>	Telephone Number 205 948-3963	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 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

Address (street or post office box)

Signature of Appointee

Chairperson				
Full Name	Email Address			
A STATE OF THE STA	Do William PAICEN			
Address (street or post office box	3116332601			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
City	State ZIP Code			
B'han AL	35207			
Signature of Appointee	. With the			
Comr	nittee Member			
Full Name	Email Address			
Address (street or post office box	3)			
City	State ZIP Code			
Signature of Appointee				
Comr	nittee Member			
Full Name	Email Address			
Address (street or post office box				
City	State : ZIP Code			
Signature of Appointee				

City	State	ZIP Code	
Signature of Appointee			
Oignature of Appointee			
	Committee Memb	er	
Full Name	Ema	il Address	
Address (street or post	office box)	<u>. </u>	
City	State	7IP Code	· ·

Treasurer

Email Address

Committee	Dissolution Designee		
Full Name	Email Address		
Michael	Apper		
Address (street or post office bo	x)		
2793 Piedn	ont Dr.		
City	State ZIP Code		
B'hAn AL	35022		
Signature of Appointee			

Where to file this form ... State candidates file with the Office of the Secretary of State.*

County candidates must file electronically at fcpa.alabamavotes:gov

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.