



FAIR CAMPAIGN PRACTICES ACT RECEIVED IN OFFICE  
STATE OF ALABAMA PROBATE COURT

JUL 06 2021

JAMES P. NAFTEL, II  
Judge of Probate

# Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <b>Darryl T Williams</b>			
Office Sought (include district or circuit number, if applicable) <b>Mayor of Birmingham</b>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <b>1333 Hall St Bham AL</b>			
City <b>Bham</b>	State <b>AL</b>	ZIP Code <b>35211</b>	Telephone Number <b>[REDACTED]</b>

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.
- ☐ 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.

Chairperson	
Full Name <b>Darryl T Williams</b>	Email Address <b>sweetdwilliams@gmail.com</b>
Address (street or post office box) <b>1333 Hall St</b>	
City <b>Bham</b>	State <b>AL</b>
ZIP Code <b>35211</b>	
Signature of Appointee <b>[Signature]</b>	

Treasurer	
Full Name	Email Address
Address (street or post office box) <b>20211004000481780 1/1 \$ .00</b> <b>Shelby Cnty Judge of Probate, AL</b> <b>10/04/2021 11:02:16 AM FILED/CERT</b>	
City	
Signature of Appointee	

Committee Member	
Full Name	Email Address
Address (street or post office 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	

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

Committee Dissolution Designee	
Full Name <b>Lynne Webb - 2 waltosbell@aol.com</b>	Email Address
Address (street or post office box) <b>2044 Trailridge Sq 35211</b>	
City <b>Birmingham AL</b>	State <b>AL</b>
ZIP Code <b>35214</b>	
Signature of Appointee <b>[Signature]</b>	

### 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](http://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](http://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

Date

FORM REVISED 6.19.2017