

Address of the Committee (street or post office box)

City

Appointn	nent of	
	•	Committee pe.
Full Name of Candidate  Vale A.  Office Sought (include district	or circuit number, if applicable)	Political Party / Ballot Affiliation

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.

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040

Inst. # 2021076581 Pages: 1 of 1

I certify this instrument filed on

7/2/2021 9:42 AM Doc: ELPCC

Judge of Probate

Jefferson County, AL.

Clerk: PEEPLESC

## 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 <u>must</u> sign his or her name.

ZIP Code

Telephone Number

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.

	Chairperson		
Full Name	Ema	ail Address	
Address (street or post o	ffice box)	<u> </u>	
City	State	ZIP Code	
Signature of Appointee			-

C	ommittee Memb		
Full Name	Ema	ail Address	
4 p 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Address (street or post offi	ice box)		
• •			
City	State	ZIP Code	
City	State	ZIP Code	

	Committee Memb		. <del>.</del>
Full Name	Ema	ail Address	•
Address (street or post of	ffice box)		
<sup>3</sup> City	State	ZIP Code	<u> </u>
Signature of Appointee	<u> </u>		

## 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
- 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."

	Treasurer
Full Name	Email Address
Address (street or post office	
City	20211004000481810 1/1 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 11:02:19 AM FILED/CERT

	Committee Member	
Full Name	PROBATE COURT	•.
Address (stre	et or post off de pox 0 2 2021	
City	JAMES P. NAPRIE, II ZP Code -E.O.D. Judge of Probate	
Signature of A	Appointee	

Full Name	Dissolution Em	ail Address
Wesley S. A	Anderton	and bhame wo
Address (street or post office b		wans.not
1856 Lake Ride	re Rd.	
1856 Lake Ride City Birminglan	Rd. State	ZIP Code <b>3521</b> 0

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