

Office Sought (include distriction circuit number, if applicable)

ounce

Address of the Committee (street or post office box)

Appointment of

Full Name of Candidate

City

County Division Code: AL040 7/2/2021 2:34 PM Doc: ELPCC Judge of Probate

ZIP Code

33205

Clerk: SMITHMO Principal Campaign Committee

Political Party / Ballot Affiliation

Telephone Number

Please print in ink or type.

Inst. # 2021077052 Pages: 1 of 1 I certify this instrument filed on

Jefferson County, AL.

RECEIVED IN OFFICE PROBATE COURT

THIS AREA FOR OFFICIAL USE ONLY

JUL 02 2021

JAMES P. NAFTEL, II Judge of Probate E.O.D.

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)

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

appoint myself as the sole member of my principal campaign committee.

Treasurer

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 must sign his or her name.

ign committee *must* choose a designee to dissolve the committee due to the

Full Name

	to be the sole member of their principal campa apacitation of the candidate.	
<u>. </u>	Chairperson	
Full Name	Email Address	
Address (street or post offi	ce box)	
City	State ZIP Code	
Signature of Appointee		
C	ommittee Member	
Full Name	Email Address	
Address (street or post offi	ce box)	
City	State ZIP Code	
Signature of Appointee		
C	ommittee Member	
Full Name	Email Address	
Address (street or post office		
City 202110	04000482430 1/1 \$.00 Cnty Judge of Probate, AL	
	2021 11:51:37 AM FILED/CERT	

Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Comm	ittee Memb	er
Full Name	Email Address	
Address (street or post office box)		
City	State	ZIP Code

Committee Dissolution Designee			
Full Name	Email Address		
Kathleen	McAlister	ITTSKHBC	
Address (street or pos	'		
140× 114	-P15		
City	State	ZIP Code	
Birmhan,	AC 35	205	
Signature of Appoints			
(//			

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 Appointee

Date

FORM REVISED 6.19.2017

County candidates must file electronically at

Where to file this form ...

fcpa.álabamavotes.gov

* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

Municipal candidates file with the county judge of probate.

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