

Full Name of Candidate

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Appointment of

FILED IN OFFICE PROBATE COURT

JUN 3 0 2029

Principal Campaign Commit

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 inst. # 2021075330 Pages: 1 of 1 I certify this instrument filed on 6/30/2021 10:21 AM Doc: ELPCC 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

I hereby appoint the individuals listed below to act

Please print in ink or type.

Laoid lavelin minner					within five (5) calendar days of filing a petition as an		
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation					independent car	-	
Board of Education District 5 Dem					Type of Committee (check one)		
Address of the Committee (street or post office box)						•	ole member of my
City State ZIP Code Telephofie Number					principal ca	ampaign com	mittee.
Birminaham_	A-L		205-260-70-70		I hereby appoint the individuals listed below to as my principal campaign committee.		
If you are appointing others to should be designated as the and addresses in the spaces	chairperson of the co	ommittee. A secon	id member shou		• • •	_	
Candidates who choose to be possibility of death or incapac	~		mpaign committ	ee <u>must</u> cho	ose a designee to	dissolve the	committee due to the
C	hairperson				T	easurer	
Full Name	Emañ At	iditess @g		Fบ่ำ Name		j£m	ail Addr∉ss
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Address (street or post office box)					t or post office box)	- 	<u>:</u>
OY Nan	~00c/	01		417	Crest.	Drive	
City	State	ZIP Code		City		State	ZIF' Code
3 mingray	n Bl	33234		Birmin	gham,	<u>AZ</u> _	35209
Signature of Appointed	-13/11			Signature of Al	ppointee		
	nittee Viember					ittee Mem	
Full Name	Email Ac			Full Name	Continu		ail Address
Address (street of post office box)				Address (street or post office box)			
City	State	ZIP Code		City	<u> </u>	State	ZIP Code
Signature of Appointee	<u> </u>		——————————————————————————————————————	Signature of Al	pointee		· -,
Colm	nittee Member				Committee Di	ssolution	Desianee
Fuli Name	Email Ad			Full Name			ail Address
	1004000483330 1/			 Address (stre∉	t or post office box)		
City	by Cnty Judge of 4/2021 02:44:14 F	Probate, AL		City		State	ZIP Code
Signature of Appointee				Signature of A	pointee	<u> </u>	······································
<u></u>		<u> </u>			<u> </u>	<u>. </u>	

Treasurer Fบ่า Name Émail Address Address (street or post office box) ZIF' Code City State Birmidaham Signature of Appointee Committee Member Full Name Email Address Address (street or post office box) ZIP Code City State Signature of Appointee Committee Dissolution Designee Email Address Full Name Address (street or post office box) City State ZIP Code

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 Redistration."

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