

County candidates must file electronically at

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."

fcpa.alabamavotes.gov

20220706000268170 1/1 \$.00 Appointment of Shelby Cnty Judge of Probate, AL 07/06/2022 01:57:03 PM FILED/CERT Principal Campaign Committee



RECEIVED

0 6 JUL 2022

Allison S. Boyd Judge Of Probate

Please print in ink or type.

Full Name of Candidate	1.3	1		i i	reachi
Office Sought (include district or o	helby F	re and	Political Party / E		within indepe
Address of the Committee (street 20 Monte Verd		x)			
Martevallo	A-L	351	5 205-	e Number 520-6075	pi
If you are appointing others to should be designated as the ch and addresses in the spaces b	nairperson of the elow. Each ap	ne committee. A se pointee <u>must</u> sign	cond membe his or her na	r should be designat me.	ted as t
Candidates who choose to be to possibility of death or incapacit	the sole memb ation of the ca	er of their principa ndidate.	l campaign co	ommittee <u>must</u> choos	se a de
Ch	airperson				
Full Name	Em	ail Address		Full Name	
Address (street or post office box)		<u> </u>		Address (street o	or post o
City	State	ZIP Code		City	
Signature of Appointee			· · · ·	Signature of App	ointee
Comm	ittee Memk	oer			
Fuli Name		ail Address		Full Name	
Address (street or post office box)				Address (street o	or post o
City	State	ZIP Code		City	
Signature of Appointee	<u> </u>			Signature of Appo	ointee
Comm	ittee Memb	er		C	ommi
Full Name	Ema	ail Address		Full Name	
Address (street or post office box)				Address (street o	r post o
City	State	ZIP Code		20 Mon City Monteva	
Signature of Appointee				Signature of Appo	
Where to file this form . State candidates file with the		he Secretary of S	State.*	As required by	the Al

ng the threshold amount, or within five (5) ar days of qualifying with a political party, or ive (5) calendar days of filing a petition as an ndent candidate.

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

Type of Committee (check one)

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

ereby appoint the individuals listed below to act

my principal campaign committee. appoint up to five members. One member

ne treasurer. Please clearly print their names signee to dissolve the committee due to the

Treasurer						
Full Name	Em	Email Address				
Address (street or post of	fice box)					
City	State	ZIP Code				
Signature of Appointee						

<u> </u>	
)	
State	ZIP Code
	· ·

Comm	ittee Disso	lution Des	ignee	
Full Name		Email Add	ress	
Jennifer	Elaine	wh	ite_	
Address (street or post	•	_		
20 Monte	Verde	LW		
City		State Z	IP Code	
Montevallo	AL	351	15	
Signature of Appointee				
The second	JELI	LWI		
/ }	I			

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