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



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.álabamavotes.gov

Appointment of Principal Campaign Committee



20250421000117630 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/21/2025 01:03:38 PM FILED/CERT

Please print in ink or type.

Type of Committee (check one) Appoint myself as the sole member of my principal campaign committee. P Code Telephone Number I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. You may appoint up to five members. One member A second member should be designated as the treasurer. Please clearly print their names sign his or her name. I hereby appoint the individuals listed below to act as my principal campaign committee. You may appoint up to five members. One member as the treasurer. Please clearly print their names sign his or her name. Treasurer Full Name Email Address Email
I provided in the individual solution in the ind
principal campaign committee. IP Code Telephone Number I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee. I hereby appoint the individuals listed below to act as my principal campaign committee.
Increby appoint the individuals listed below to act as my principal campaign committee. u must select at least two members. You may appoint up to five members. One member A second member should be designated as the treasurer. Please clearly print their names sign his or her name. Icipal campaign committee must choose a designee to dissolve the committee due to the Treasurer Full Name Email Address
A second member should be designated as the treasurer. Please clearly print their names sign his or her name. Icipal campaign committee <u>must</u> choose a designee to dissolve the committee due to the Treasurer Full Name Email Address
Treasurer Full Name Email Address
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 Robinson Hardin
Address (street or post office box) Address (street or post office box)
8338 Co. 20.13
City State ZIP Code Helena Alabana 35086

aign 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

FORM REVISED 6.19.2017