

FILED

Appointment of Principal Campaign Committee

SEP 1 1 2020

SCOTT W. HASSELL Please print in ink or type. This form is due within five 15 GE OF BROBATE Full Name of Candidate 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 ight (include district or circuit number, if applicable) Political Party / Ballot Affiliation independent or third party candidate. 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 2563904891 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 must sign his or her name. Chairperson Treasurer Full Name Full Name Address (street or post office box) Address (street or post office box) City ZIP Code State City State ZIP Code Signature of Appointee Signature of Appointee Committee Member Full Name Address (street or post office box) State ZIP Code

Committee Member Full Name Address (street or post office box) City State ZIP Code Signature of Appointee

Where to file this form ...

Signature of Appointee

- State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-210. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

Full Name		
Address (street or post	office box)	
City	State	ZIP Code

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

Statewide office
State Senate seat
State House seat
Circuit or district office
County or municipal office

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.



Waiver of Report

Check box if reporting new address

FOR CANDIDATES

(OPTIONAL FORM)

Name of Candidate

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FILED

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SCOTT W. HASSELL

Please Print in Ink or Type.

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Type of Report (check or	ne)	
Monthly Report Month in which the report is filed.		
Weekly Report Date of Friday in the week in which the report is filed.		

Annual Report
Calendar year covered
by this report.

This form is not for use by principal campaign committees for elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing thresholds are as follows:

Political Party/Ballot Affiliation

- ▶ \$25,000 candidates for state offices
- ▶ \$10,000 candidates for State Senate
- \$5,000 candidates for State House of Representatives
- ▶ \$5,000 candidates for district or circuit offices
- \$1,000 candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This OPTIONAL form gives notice that no contribution or expenditure report will be submitted.

Signature of Candidate Date

FORM REVISED 1.10.2012