

## Appointment of

Address of the Committee (street or post office box)

Full Name of Candidate

City

J'IL 1 9 2020

## Principal Campaign Committee

Please print in ink or type.

binson

State

(include district or circuit number, if applicable)

SCOTT W	HASSELL
JUDGE OF	

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 within five (5) calendar days of filling a petition as an independent 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 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 <u>must</u> sign his or her name.

ZIP Code

35903

Political Party / Ballot Affiliation

Telephone Number

256-410-0720

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

	Chairperson		
Full Name	Ema	Email Address	
Address (street or post	office box)		
City	State	ZIP Code	
Signature of Appointee			
			ļ

Committee Member		
Email Address		
ce box)		
State	ZIP Code	
	Ema	Email Address

Committee Member				
Full Name	Ema	Email Address		
Address (street or post of	ffice box)			
City	State	Z1P 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 Registration."

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

Email Address
oox)
State ZIP Code

Committee Di	ssolution [	Designee
Full Name Robinson	Ema	il Address
CALLE KODINGON		
Address (street or post office box)	_	
2392 Veranda	Trace	
City	State	ZIP Code
Hokes Bluff	171	35403
Signature of Appointee		
Signature of Appointee Robin	son	

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

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