FILED

Appointment of

Full Narpe of Candidate

AUG 1 8 2020

Principal Campaign Committee

SCOTT W. HASSELL This form is due within live (5) calendar days of

Please print in ink or type. 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 Political Party / Ballot Affiliation 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 must sign his or her name.

Telephone Number

2564388792

ZIP Code

5907

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	Email Address		
Address (street or post office bo	ox)		1
City	State	ZIP Code	
Signature of Appointee			
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	Committee Memb	oer
Full Name	Name Email Address	
Address (street or post of	ffice box)	
City	State	ZIP Code
Signature of Appointee		

	Committee Memb	er	
Full Name	Ema	Email Address	
Address (street or post of	fice box)		
City	State	ZIP Code	
Signature of Appointee			

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		
Email Address		
)x)		-
State	ZIP Code	
	Ema	Email Address

Email Address	
ffice box)	
State	ZIP Code
	ffice box)

Full Name	Email Address	
Address (street or post	office box)	
City	State	ZIP Code
Signature of Appointed		

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 frue and correct.