

Appointment of Principal Campaign Committee

and addresses in the spaces below. Each appointee must sign his or her name.

Email Address

Chairperson

Full Name

Please print in ink or type.

FILED

JUL 23 2018

BOBBY M. JUNKINS JUDGE OF PROBATE

Full Name of Candidate	This form is due within five (5) calendar days of reaching the threshold amount, or within five (5)
Joshua Frank Partee	calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	independent candidate.
City council district Le Républican	Type of Committee (check one)
Address of the Committee (street or post office box)	Type of Committee (check one)
515 Wabster St.	I appoint myself as the sole member of my principal campaign committee.
City State ZIP Code Telephone Number 354 Gadsden Al 35984 413-4175	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 should be designated as the chairperson of the committee. A second member should be design	You may appoint up to five members. One member nated as the treasurer. Please clearly print their names

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.

Full Name

City

Full Name

City

Signature of Appointee

Address (street or post office box)

Address (street or post office box)

Signature of Appointee

Address (street or post office box)		<u> </u>	
·	···		
City	State	ZIP Code	
Signature of Appointee	· · · · · ·		
· .	_		
Comm	ittee Memb	er	
Full Name	Email Address		
		•	
Address (street or post office box)		·	
City	State	ZIP Code	
	•		
Signature of Appointee			
Comm	ittee Memb	er	
Full Name		Email Address	
			2
Address (street or post office box)			
•			
City	State	ZIP Code	
	, ,	•	
Signature of Appointee			
••.	•		

City State ZIP Code Signature of Appointee Committee Dissolution Designee Full Name Email Address Frankie Portee Address (street or post office box) 3 (20) Walnut St.

State

Treasurer

State

Committee Member

Email Address

Email Address

ZIP 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."

As required by the Alabama Fair Campaign Practices Act, I
hereby swear or affirm to the best of my knowledge and belie
that the information contained herein is true and correct.

Signature of elected official or candidate

11 7-21-181

Date

ZIP Code

35904

FORM REVISED 6.19,2017