

JUN 2 8 2022

SCOTT W. HASSELL



## Appointment of

## Principal Campaign Committee

Please print in ink or type.				JUDGE OF PROBATE. This form is due within five (5) calendar days of		
Full Name of Candidate	Sic. n.		00	reaching the thres calendar days of c	hold amount, qualifying with	or within <b>five</b> (5) a political party, or
Shua	Fran	1911	Party / Pollet Affiliation			filing a petition as an
Office Sought (include district or circ	cuit number, if ap		Party / Ballot Affiliation	independent cand	idate.	
City Coun	$\frac{C}{C}$	DISANCHI	0	Type o	f Committe	ee (check one)
Address of the committee (street or 515 Webs	ter :	61.			self as the sol	le member of my ittee.
Cadsden	State	35904	Telephone Number		oint the indivi oal campaign	duals listed below to act committee.
you are appointing others to se nould be designated as the cha nd addresses in the spaces bel	irperson of the ow. Each app	committee. A second ointee <u>must</u> sign his or	member should be desig her name.	nated as the treasure	er. Please cle	arly print their names
andidates who choose to be thossibility of death or incapacitat	e sole membe tion of the can	r of their principal cam didate.	paign committee <u>must</u> ch	noose a designee to d	lissolve the c	ommittee due to the
Cha	irperson			Tre	easurer	
Full Name	Emai	l Address	Full Name		Ema	il Address
Address (street or post office box)			Address (str	eet or post office box)		
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee			Signature of	Appointee		
Commi	ttee Memb	er	0.000	Commit	tee Memb	er
Full Name	Ema	il Address	Full Name		Ema	ail Address
Address (street or post office box)			Address (str	reet or post office box)		
City	State	ZIP Code	City		State	ZIP Code
Signature of Appointee			Signature o	f Appointee		
Comm	ittee Memb	er	in the second	Committee Dis	solution	Designee
Full Name	Ema	il Address	Full Name	ian Mille	Ema	ail Address
Address (street or post office box)			Address (st	reet or post office box)	- 51.	
City	State	ZIP Code	City	schen	State	ZIP Code 35904
Signature of Appointee			Signature o	f Appointee	1.810	Λ

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."

Committe	e Dissolution Designee		
Full Name	Email Address		
Jillian Mi	1/er		
Address (street or post office	e box)		
515 Webs	ter St.		
City	State ZIP Code		
Cralsalen	DI 35904		

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

Date

FORM REVISED 6.19.2017