

Appointment of

Address of the Committee (street or post office box)

Full Name of Candidate

Principal Campaign Committee

Please print in ink or type.

JUL 4 2 2020

SCOTT W. HASSELL JUDGE OF PROBATE

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 filing a petition as an independent candidate.

Type of Committee (check one)

I appoint myself as the sole member of my principal campaign committee.

Treasurer

I hereby appoint the individuals listed below to act as my principal campaign committee.

Email Address

ZIP Code

FORM REVISED 6.19.2017

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.

Telephone Number

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

Address (street or post office box)

	person		
Full Name	Email Address		
Address (street or post office box)			
City	State	ZIP Code	
	0.0.0	2.1. 0000	
Signature of Appointee			
Committe	e Membe		
Full Name	Email A	Address	
Address (street or post office box)			
City	21.1	7/2 0	
City	State	ZIP Code	
Signature of Appointee			
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Committe	e Membe		
Full Name	Email Address		
Address (street or post office box)			
0:	1200		
City	State	ZIP Code	
Signature of Appointee			
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Signature of Appointee			
C	ommittee Memb	oor.	
Full Name		Email Address	
Address (street or post office	e box)		***************************************
City	State	ZIP Code	
Signature of Appointee			
Committe	ee Dissolution	Designee	
Full Name	Ema	ail Address	
Address (street or post offic	e 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."

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.

Mundy Lind Lucely 19
Signature of elected official of candidate Date