



## Appointment of

Office Sought (include district or circuit number, if applicable)

Howell cir

Chairperson

Godsden City BOE Dis

Address of the Committee (street or post office box)

Full Name of Candidate

City

Principal Campaign Committee
Please print in ink or type.

State

FEB 1 5 2019

SCOTT W. HASSELL

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

State

Committee Member

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

**Email Address** 

ZIP Code

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

ZIP Code

35904

Email Address

Political Party / Ballot Affiliation

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** 

Address (street or post office box)

Signature of Appointee

Full Name	, Marchete workt 249				
nancy Stewar	t manystewart 2110				
Address (street or post office b	box)				
328 Hower	1 Cir.				
City	State ZIP Code				
Gadsten	AL. 35904				
Signature of Appointee	0.				
Mancy :	Stewart				
Cor	nmittee Member				
ull Name Email Address					
Address (street or post office	box)				
City	State ZIP Code				
Signature of Appointee					
Oignatare Cr. pperme					
	mmittee Member				
Full Name	Email Address				
Address (street or post office	box)				
	2				
City	State ZIP Code				
Signature of Appointee					

State candidates file with the Office of the Secretary of State.\*

Municipal candidates file with the county judge of probate.

\* This form does not establish electronic filing. To file electronically, visit fopa.alabamavotes.gov and click "Committee Registration."

Where to file this form ...

County candidates must file electronically at fcpa alabamavotes.gov

Full Name	Ema	Email Address			
Address (street or post of	fice box)				
City	State	ZIP Code			
Signature of Appointee	8		4		
Commi	ttee Dissolution	Designee			
Full Name	Em	Email Address			
Address (street or post of	ffice box)		-		
City	State	ZIP Code			
Signature of Appointee			-		

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.

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Sign	ture of ele	cted offici	al or can	didate	

SCOTT W. HASSELL JUDGE OF PROBATE

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