

## Appointment of Principal Campaign Committee

JUL 0 7 2020

SCOTT W. HASSELL JUDGE OF PROBATE

				301	OGE OF PROBATE
	Please prin	nt in ink or type.		attended name outs on washing the	
Office Sought (include district or city)  Address of the Committee (street of Superior Street of Superior St	cuit number, if	ate ZIP Code SSS 44 Committee, you must sel the committee of the committee	Telephone Number  Tol 538-2306  ect at least two members	within five (5) calendar of independent or third part  Type of Con  I appoint myself as principal campaign  I hereby appoint the as my principal cam	mount, or within five (5) ng with a political party, or lays of filing a petition as an ly candidate.  mmittee (check one) the sole member of my committee individuals listed below to act paign committee.
		permos mast sign mis or	- ner name.		
Full Name	irperson		(74)	Treasure	r
ruii Name			Full Name		
Addes as false to the					
Address (street or post office box)			Address (stre	et or post office box)	
City					
Sity	State	ZIP Code	City	State	ZIP Code
Signature of Appointee			Signature of A	Appointee	
Commit	ttee Memb				
Full Name	itee wemi	Der	Full Name	Committee Me	ember
Address (street or post office box)			-		
			Address (stree	et or post office box)	
City	State	ZIP Code	City	State	ZIP Code
Signature of Appointee			Signature of A	ppointee	
Commit	tee Memb	or .			
Full Name	.ee memb	VI.		THE RESERVE THE PARTY OF THE PA	
201			Filin	g Threshold Amounts i	or Public Offices
Address (street or post office box)			1	nder the Fair Campaign	Practices Act
2 K				\$25,000 Statewide \$10,000 State Ser	
City	State	ZIP Code		\$10,000 State Ser \$5,000 State Ho	
			1	\$5,000 Circuit or	district office
Signature of Appointee				\$1,000 County o	r municipal office

## Where to file this form ...

- State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-210. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

	Committee Memb	oer .	
Full Name			
Address (street or pos	t office box)		
City	State	ZIP Code	

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