



Statement of Dissolution

FOR ELECTED OFFICIALS, CANDIDATES AND POLITICAL ACTION COMMITTEES

FILED
JUL 13 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Report Status (check one)

- No report required because I have had no activity since the last reporting period
- Termination report attached

Note:

If you have had activity since the last report filed, you are responsible for filing the requisite **Annual Report** covering the last year of activity. However, the submission of a **Termination Report** along with the **Statement of Dissolution** will satisfy this requirement.

Name of Candidate or Elected Official, or Political Committee <i>Randall Green</i>			
Office Sought or Held (include district or circuit number, if applicable) <i>Council Place 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>6010 Fairview Cove Rd</i>			
City <i>Atmore</i>	State <i>AL</i>	ZIP Code <i>36522</i>	Telephone Number <i>256-490-8432</i>

This statement dissolves the above-named Principal Campaign Committee or Political Action Committee as of the 8 day of July in the year 20.

Pursuant to §17-5-7(a) [Code of Alabama, 1975], any excess funds shall be disposed of in the following manner:

As required by the Alabama Fair Campaign Practices Act, I hereby swear, or affirm, to the best of my knowledge and belief that this Statement of Dissolution is true and correct.

Randall Green _____ 7-8-20
 Signature of Candidate or Elected Official, or Chairperson or Treasurer of Political Committee Date

FILED

JUL 13 2020

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK OF COURT
100 WALL STREET
NEW YORK, N.Y. 10038

Case No. 20-cv-00000-AMC
In re: [Illegible]
[Illegible]

[The remainder of the page contains extremely faint and illegible text, likely representing the body of a legal document or court order.]



Appointment of Principal Campaign Committee

Please print in ink or type.

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

Full Name of Candidate <i>Randall Green</i>			
Office Sought (include district or circuit number, if applicable) <i>Council Place 1</i>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <i>Fairview Cove Rd.</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-490-5432</i>

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 must sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
Address (street or post office 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.

Randall Green | *7-8-20*
Signature of elected official or candidate | Date



Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate <i>Randall Green</i>		Political Party/Ballot Affiliation	
Office Sought (include district or circuit number, if applicable) <i>Council Place 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>Fairview Cove Rd</i>			
City <i>Albion</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-490-5432</i>

Type of Report (check one)

<input type="checkbox"/> Monthly Report Month in which the report is filed.	
<input type="checkbox"/> Weekly Report Date that weekly report is due.	
<input type="checkbox"/> Annual Report Calendar year covered by this report.	

(Note: This form is not for use by elected officials in lieu of an annual report.)

This form is not for use by principal campaign committees of elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing threshold is \$1,000, regardless of the office sought:

- ▶ \$1,000 - candidates for state offices
- ▶ \$1,000 - candidates for State Senate
- ▶ \$1,000 - candidates for State House of Representatives
- ▶ \$1,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This **OPTIONAL** form gives notice that no contribution or expenditure report will be submitted.

Randall Green _____ *7-8-20* _____
 Signature of Candidate Date