



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Appointment of

Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate Richard R. Walsh		
Office Sought (include district or circuit number, if applicable) Mayor		
Address of the Committee (street or post office box) 775 College St P.O. Box 386		
City F. Falls	State F.	ZIP Code 35522
Telephone Number 205-305-3500		

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.

You may appoint up to five members. One 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.

0202 2 2 11P

FILED

SCOTT W. HASSELL
JUDGE OF PROBATE

THIS AREA FOR OFFICIAL USE ONLY

Chairperson		
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Member		
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Member		
Full Name		
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 cpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.

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

Treasurer		
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Member		
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Dissolution Designee		
Full Name		
Address (street or post office 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.

Signature of elected official or candidate
Date **2-21-20**
FORM REVISED 6/19/2017