

FILED

JUL 1 0 2020

SCOTT W. HASSELL

Appointment of

Principal Campaign Committee

Please print in ink or type.	JUDGE OF PROBATE This form is due within five (5) calendar days of
Full Name of Candidate David Wayne Bankson	reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or
Office Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation	within five (5) calendar days of filing a petition as an independent candidate.
Hokes Bluff City Council Place Republican. Address of the Committee (street or post office box)	Type of Committee (check one)
4895 Park Dr.	I appoint myself as the sole member of my principal campaign committee.
Hokes Bluff AL 35903 Telephone Number	I hereby appoint the individuals listed below to act as my principal campaign committee.
f you are appointing others to serve as your committee, you must select at least two members	S. 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.

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

Chairperson

Where to file this form ...

Signature of Appointee

City

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

State

ZIP Code

- 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."

Treasurer			
Full Name	Email Address		
Address (street or post of	ffice box)	***************************************	
City	State	ZIP Code	

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

Comm	iittee Dis	solution	Designee	
Full Name	Email Address			
Charlotte	Banks	ion db	ankson Obells	ou th
Address (street or post 4895 Parl	office box)			
Hokes Blo	.ff	State A 1	ZIP Code 35903	
Signature of Appointee		ahr	~	

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.

FORM REVISED 6.19.2017