

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

Address of the Committee (street or post office box)

Full Name of Candidate

City

Appointment of Principal Campaign Committee

Please print in ink or type.

Email Address

FEB 2 7 2019

SCOTT W. HASSELL JUDGE OF PROBATE

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.

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.

Telephone Number

256-390.5790

ZIP Code

359°I

Political Party / Ballot Affiliation

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.

NAMANLLARTER		
Address (street or post office box)		
264 Boyd	k/V·	
City	State ZIP Code	
GAdsdon	A1 35901	
Signature of Appointee	0 +0	
Tathon L	-arec	
Committe	e Member	
Full Name	Email Address	
NAHAN	L Carter	
Address (street or post office box)	\sim	
264 Boyd		
City	State ZIP Code	
GAdsden	A135901	
Signature of Appointee	Carter	
Mathan	- carve	
Committee Member		
Full Name	Email Address	
Address (street or post office box)		
City	State ZIP Code	
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Signature of Appointee		

Chairperson

Where	to	file	this	form	•••	
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- 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."

Treasurer		
Full Name NAMAN L	Email Address AR H	
Address (street or post office box),	pr	
City CAds den	State ZIP Code 1 3 5 90 1	
Signature of Appointer Mathon L	Carter	

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

Committee Dissolution Designee		
Full Name	Email Address	
NATHAN L	Carter	
Address (street or post office box)	Dr	
264 504		
City	State ZIP Code 90 /	
6Ad5den	411 33701	
Signature of Appointee	Conto	
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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

FORM REVISED 6,19,2017