



JUL 07 2020

Appointment of Principal Campaign Committee

SCOTT W. HASSELL
JUDGE OF PROBATE

Please print in ink or type.

Full Name of Candidate WALTER AARON SIMMONS			
Office Sought (include district or circuit number, if applicable) HONES BLUFF CITY COUNCIL		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) 5239 EARL DR			
City HONES BLUFF	State AL	ZIP Code 35903	Telephone Number 256-393-7877

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.

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 GENNIFER HALEY SIMMONS	Email Address HLV_SIMMONS@VAHOD.COM	
Address (street or post office box) 5239 EARL DR		
City HONES BLUFF	State AL	ZIP Code 35903
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.

Signature of elected official or candidate

7/7/20
Date