FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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FILED

JUN 28 2022

SCOTT W. HASSELL
JUDGE OF PROBATE

# Appointment of Principal Campaign Committee

**Please print in ink or type.**

| | | | |
|---|---|---|---|
| **Full Name** of Candidate: David Grady Woodard | | | |
| Office Sought (include district or circuit number, if applicable): Gadsden City Council Dis. 2 | Political Party / Ballot Affiliation: N/A | | |
| Address of the Committee (street or post office box): 729 Claire St. | | | |
| City: Gadsden | State: Al | ZIP Code: 35901 | Telephone Number: 256-393-4992 |

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: Shirley Turner | Email Address: | |
| Address (street or post office box): 719 Claire St. | | |
| City: Gadsden | State: Al | ZIP Code: 35901 |
| Signature of Appointee: Shirley Turner | | |

**Treasurer**

| | | |
|---|---|---|
| Full Name: Pamela Woodard Jones | Email Address: | |
| Address (street or post office box): 729 Claire St | | |
| City: Gadsden | State: Al | ZIP Code: 35901 |
| Signature of Appointee: Pamela Woodard Jones | | |

**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.

Signature of elected official or candidate: [signature]

Date: 6-28-22

FORM REVISED 6.19.2017