



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

# Appointment of Principal Campaign Committee

Please print in ink or type.

JUL 01 2022

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.

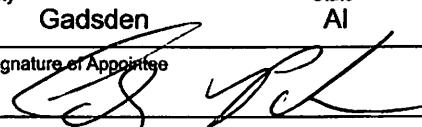
I hereby appoint the individuals listed below to act as my principal campaign committee.

Full Name of Candidate <b>FRED ZACKERY</b>			
Office Sought (include district or circuit number, if applicable)      Political Party / Ballot Affiliation <b>GADSDEN CITY BOARD OF EDUCATION DIST 3</b>			
Address of the Committee (street or post office box) <b>1415 CANSLER AVE</b>			
City <b>GADSDEN</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>256-613-6391</b>

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		
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		

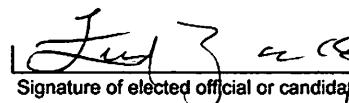
Treasurer		
Full Name	Email Address	
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Member		
Full Name	Email Address	
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committee Dissolution Designee		
Full Name <b>CAROLYN PARKER</b>	Email Address <b>carolynontrol1@yahoo.com</b>	
Address (street or post office box) <b>1637 Arrowhead Dr</b>		
City <b>Gadsden</b>	State <b>AL</b>	ZIP Code <b>35903</b>
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](http://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](http://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

6/30/82

FORM REVISED 6.19.2017

Thank you for completing your Statement of

Economic Interests Form

Thank you for completing your form.

You will receive an email confirmation within  
30 minutes from sei@ethics.alabama.gov if  
you provided an email address in your  
submission.

Within 30 minutes after submitting your

form, you may go to

<https://seiform.alabama.gov/publicrecords>

to view your filing.

A handwritten signature in black ink, enclosed in an oval. The signature reads "Kristin Jackson".