



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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Appointment of Principal Campaign Committee

This document was filed electronically
on 06/09/2025 at 08:18AM with the
Elections Division, Office of the
Alabama Secretary of State.

Please print in ink or type. E-mail address is required.

Full Name of Candidate		E-mail Address of Candidate (required)	
KATHERINE ROBERTSON		KATHERINEROBERTSON@PDSCOMPLIANCE.COM	
Office Sought (include district or circuit number, if applicable)		Political Party / Ballot Affiliation	
ATTORNEY GENERAL		Republican	
Address of the Committee (street or post office box)			
P O BOX 530063			
City	State	ZIP Code	Telephone Number
BIRMINGHAM	AL	35253	(706) 534-7780

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 or third party 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 (required)	
Address (street or post office box)		
City	State	ZIP Code
Signature of Committee Member		

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

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

Treasurer		
Full Name	Email Address (required)	
Address (street or post office box)		
City	State	ZIP Code
Signature of Committee Member		

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

Committee Dissolution Designee		
Full Name	Email Address (required)	
PAUL KILGORE	PAUL@PDSCOMPLIANCE.COM	
Address (street or post office box)		
824 S MILLEDGE AVE STE 101		
City	State	ZIP Code
ATHENS	GA	30605
Signature of Committee Member		

Where to file this form...

After all individuals listed on this form have signed, please mail original document to the following address:

Office of the Secretary of State
Elections Division
P.O.Box 5616
Montgomery, AL 36103

As required by the Alabama Fair Campaign 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	06/09/2025 Date
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