



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

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Elections Division, Office of the  
Alabama Secretary of State.

# Appointment of Principal Campaign Committee

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

|  |                    |   |   |
|--|--------------------|---|---|
| Full Name of Candidate<br><b>NICOLE JONES</b>  |                    | E-mail Address of Candidate (required)<br><b>NICOLEJONESFORSENATE@GMAIL.COM</b> |   |
| Office Sought (include district or circuit number, if applicable)<br><b>STATE SENATOR, SENATE DISTRICT 7</b> |                    | Political Party / Ballot Affiliation<br><b>Republican</b>                       |   |
| Address of the Committee (street or post office box)<br><b>PO BOX 2380</b>                                   |                    |   |   |
| City<br><b>HUNTSVILLE</b>  | State<br><b>AL</b> | ZIP Code<br><b>35804</b>  | Telephone Number<br><b>(256) 886-8077</b> |

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.

| Chairperson  |                    |   |  |
|--|--------------------|---|--|
| Full Name<br><b>MATTHEW HARRISON</b>                               |                    | Email Address (required)<br><b>NICOLEJONESFORSENATE@GMAIL.COM</b> |  |
| Address (street or post office box)<br><b>2430 L &amp; N DRIVE</b> |                    |   |  |
| City<br><b>HUNTSVILLE</b>  | State<br><b>AL</b> | ZIP Code<br><b>35801</b>  |  |
| 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       |       |                          |  |

**A note regarding the dissolution designee...**

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.

**Where to file this form...**

State candidates file with the Office of the Secretary of State, County and municipal candidates file with their county's judge of probate.

| Treasurer   |                    |   |  |
|---|--------------------|---|--|
| Full Name<br><b>SHARON HEINZ</b>  |                    | Email Address (required)<br><b>NICOLEJONESFORSENATE@GMAIL.COM</b> |  |
| Address (street or post office box)<br><b>3315 MEMORIAL PARKWAY SW, SUITE C</b> |                    |   |  |
| City<br><b>HUNTSVILLE</b>   | State<br><b>AL</b> | ZIP Code<br><b>35801</b>  |  |
| 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) |  |
| Address (street or post office box) |       |                          |  |
| City                                | State | ZIP Code                 |  |
| Signature of Committee Member       |       |                          |  |

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 | 06/02/2017<br>Date |
|--|--------------------|