FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

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Appointment of Principal Campaign Committee

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

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.

Full Name of Candidate	E-mail Address of Candidate (required)
ERIN BELL WELBORN	WELBORNFORJUDGE@GMAIL.COM

Office Sought (include district or circuit number, if applicable)	Political Party / Ballot Affiliation
DISTRICT COURT JUDGE, SHELBY COUNTY PL 1	Republican

Address of the Committee (street or post office box)			
4000 EAGLE POINT CORPORATE DRIVE			
City	**State**	**ZIP Code**	**Telephone Number**
BIRMINGHAM	AL	35242	(205) 903-8300

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)
JONATHAN SPANN	JSPANN@MORRISONSPANN.COM

Address (street or post office box)		
101 NORTH MAIN STREET		
City	**State**	**ZIP Code**
COLUMBIANA	AL	35051

Signature of Committee Member

Treasurer

Full Name	Email Address (required)
JARRED WELBORN	JARRED@JWELBORN.COM

Address (street or post office box)		
4000 EAGLE POINT CORPORATE DRIVE		
City	**State**	**ZIP Code**
BIRMINGHAM	AL	35242

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

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

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.

	05/26/2021
Signature of elected official or candidate	Date

FORM REVISED 6.28.2017