

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

No

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

Other

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

Committees

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

Authorized

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Ellie R. Hall
8585 Edmunds Drive
Sumter, S.C. 29154

PAYMENT BY ACCOUNT (if applicable)

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Sunday/Holiday Delivery Required (additional fee, where available)

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Date Accepted (MM/DD/YY) **3-5-20** Scheduled Delivery Time 10:30 AM 3:00 PM 12 NOON Insurance Fee **26.35** COD Fee **—**

Time Accepted AM PM **15:07** 10:30 AM Delivery Fee **—** Return Receipt Fee **—** Live Animal Transportation Fee **—**

Special Handling/Fragile Sunday/Holiday Premium Fee **—** Total Postage & Fees **26.35**

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Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature

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