



JUL 27 2020

# Appointment of Principal Campaign Committee

SCOTT W. HASSELL  
JUDGE OF PROBATE

Please print in ink or type.

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 <i>Carlena Lynn Hopper</i>			
Office Sought (include district or circuit number, if applicable) <i>Party 3 Rec</i>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <i>6225 Sloan Drive</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>205-359-4256</i>

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	

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 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	

Committee Dissolution Designee	
Full Name <i>Jason Woodard</i>	Email Address
<del>Carlena Lynn Hopper</del> <i>hoppercarlena@gmail.com</i>	
Address (street or post office box) <i>6225 Sloan Drive</i>	
City <i>Altoona</i>	State ZIP Code <i>AL 35952</i>
Signature of Appointee <i>Carlena Hopper</i>	

**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.

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.

*Carlena Hopper* \_\_\_\_\_ 17-24-20  
Signature of elected official or candidate Date

\* This form does not establish electronic filing. To file electronically, visit [fcpa.alabamavotes.gov](http://fcpa.alabamavotes.gov) and click "Committee Registration."