

Principal Campaign Committee

Please print in ink or type.

Appointment of

Office Sought (include district or circuit number, if applicable)

HOOVER CITY

Address of the Committee (street or post office box)

Full Name of Candidate

City

County Division Code: AL040
Inst. # 2020062761 Pages: 1 of 1
I certify this instrument filed on
6/17/2020 1:44 PM Doc: ELPCC
Judge of Probate
Jefferson County, AL.

Clerk: SMITHMO

HIS AREA FOR OFFICIAL USE ONLY

LED IN OFFICE PROBATE COURT

JUN 17 2020

ALAN L. KING Judge of Probate

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)
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- 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 <u>must</u> sign his or her name.

ZIP Code

Political Party / Ballot Affiliation

Telephone Number

Candidates who choose to be the sole member of their principal campaign committee <u>must</u> choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

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Full Name	Email Address
COBIN F.	SCHUTTZ ROBINFORHOOVER.CE
Address (street or post office	box)
Po Box	26762
City	State ZIP Code
BIRMINGHI	M. AC: 35260
Signature of Appointee	
	20/5/
Co	mmittee Member Taribality
Full Name	. Email Address
Address (street or post office	box)
City	State ZIP Code
Signature of Appointee	
Co	mmittee Member
Full Name	Email Address
	• •
Address (street or post office	box) :
City	P Code
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Sign Shelby Cnty Judg	e of Probate, AL
07/28/2020 09:04	:39 AM FILED/CERT
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W	here	to	file	this	form	
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- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.
- * This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

	Treasurer	
Full Name	Email Address	
Address (street or post o	ffice box)	
City	State ZIP Code	
Signature of Appointee		
	Committee Member	

Full Name	Email Address		
Address (street or post office box	······································	<u> </u>	
City	State	ZIP Code	
Signature of Appointee		•	

Committee Dis	ssolution Designee 💢 🏋
Full Name	Email Address
MARY E. SCHU	RITZ ROBINFORHOOVER. COM
Address (street or post office box)	
70 BOX	26762
City	State ZIP Code
BIRMINGHAM	AL 35260
Signature of Appointee	chulte

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.

Signature of elected official or candidate

| 6/16/2020 Date

FORM REVISED 6.19.2017