



R OFFICIAL USE ONLY

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

RECEIVED

JUL 20 2012

James W. Fuhrmeister

Judge of Probate

Please Print in Ink or Type.

Name of Candidate			Political Party/Ballot Affiliation	Typ	e of Report (check one)	
Office Sought (include district or circuit num	Mactin ber, if applicable	e)			Monthly Report Month in which the report is filed.	
Councy Seat District 3 Address Check box if reporting new address 415 Hull &					Weekly Report Date of Friday in the week in which the report is filed.	
City Montevallo	State	ZIP Code 35115	Telephone Number		Annual Report Calendar year covered by this report.	

This form is not for use by principal campaign committees for elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing thresholds are as follows:

- ▶ \$25,000 candidates for state offices
- ▶ \$10,000 candidates for State Senate
- ▶ \$5,000 candidates for State House of Representatives
- ▶ \$5,000 candidates for district or circuit offices
- ▶ \$1,000 candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This OPTIONAL form gives notice that no contribution or expenditure report will be submitted.

Date