

## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

## Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	e of Report (check one)	eport (check one)	
Ann Mice	independent		Monthly Report		
	PLACE		Month in which the report is filed.	NA	
Trustee North Shelbu Lil	orary Using	<b>,</b> [	Weekly Report		
Address		L!	Date that weekly report	1	
34 Noten Street			is due.	NA	
City State ZIP Code	Telephone Number	$\Box$	Annual Report	<u> </u>	
BIRMINGHAL 35242			Calendar year covered by this report.	NA	
			( <b>Note:</b> This form is not for us lieu of an ennual report.)	se by elected officials in	

This form is not for use by principal campaign committees of 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 threshold is \$1,000, regardless of the office sought:

- \$1,000 candidates for state offices
- ▶ \$1,000 candidates for State Senate
- \$1,000 candidates for State House of Representatives
- \$1,000 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.

Signature of Candidate

20180629000233290 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/29/2018 01:50:03 PM FILED/CERT

**FORM REVISED 1.14.2015**