

## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate  JOSEPH B SAVER  Office Sought (Include district or circuit number, if applicable)  Place I Cababa UALLEY FRE BOT  Address Gheck box if reporting new address  4105 KINROSS CIRCLE  City State ZIP Code Telephone Number	Type of Report (check one)    Monthly Report   Month in which the report is filed.    Weekly Report   Date of Friday in the week in which the report is filed.    Annual Report
State ZIP Code Telephone Number  BIRMINGHAM AL 35242	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.

Signature of Candidate

Date

20200624000258430 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/24/2020 10:59:01 AM FILED/CERT

FORM REVISED 1.10.2012