

Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

THIS AREA FOR OFFICIAL USE ONLY

20200810000342210 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/10/2020 03:05:10 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	Type of Report (check one)		
Kendal Hope Finley			Monthly Report Month in which the		
Office Sought (include district or circuit number, if applicable) (i) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			report is filed.		
Address Check box if reporting new address		A	Weekly Report Date that weekly report	5/	
415 Springs Crossing Dri	re		is due.	2/10/2020	
City State ZiP Code	Telephone Number		Annual Report		
Columbiana H1 35051			Calendar year covered by this report.		
			(Note: This form is not for use by elected officials in fleu of an ennual report.)		

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