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Shelby Cnty Judge of Probate, AL
08/17/2020 10:11:33 AM FILED/CERT

Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

Please Print in Ink or Type.

| | | | |
|--|--------------------|-----------------------------------|---|
| Name of Candidate <i>Kendal Hope Finley</i> | | Political Party/Balot Affiliation | |
| Office Sought (include district or circuit number, if applicable) <i>City Council District 2</i> | | | |
| Address <input type="checkbox"/> Check box if reporting new address <i>415 Springs Crossing Drive</i> | | | |
| City <i>Columbian</i> | State <i>AL</i> | ZIP Code <i>35051</i> | Telephone Number <i>205 281 1981</i> |

Type of Report (check one)

Monthly Report
Month in which the report is filed.

Weekly Report
Date that weekly report is due.

Annual Report
Calendar year covered by this report.

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| <i>8/17/2020</i> |
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(Note: This form is not for use by elected officials in lieu of an annual 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.

Kendal Hope Finley
Signature of Candidate

8/17/2020
Date