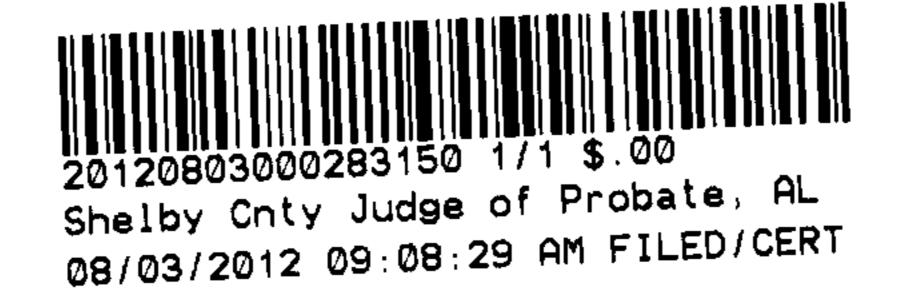
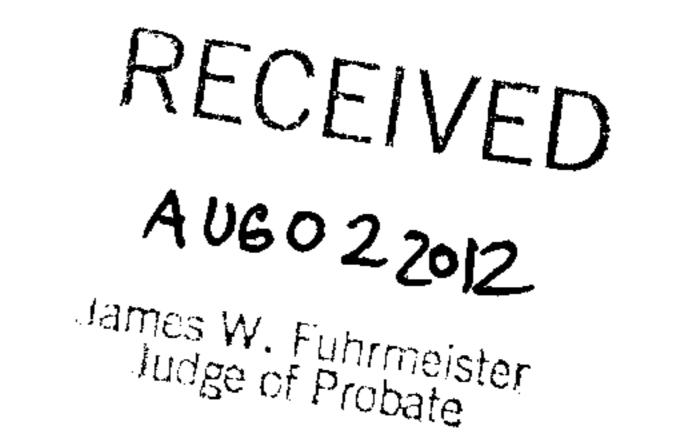


## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)





## Please Print in lnk or Type.

Name of Candidate Political Party/Ballot Affiliation				Type of Report (check one)		
Office Sought (include district or circuit number)	nber, if applica				Monthly Report  Month in which the	
City Council					report is filed.	
Address Check box if reporting new address  1000 Medinah Drive					Weekly Report Date of Friday in the week in which the report is filed.	
City	State	ZIP Code	Telephone Number		Annual Report	
Calera	41.	35040		<u> </u>	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

8-2-12 Date

FORM REVISED 1.10.2012