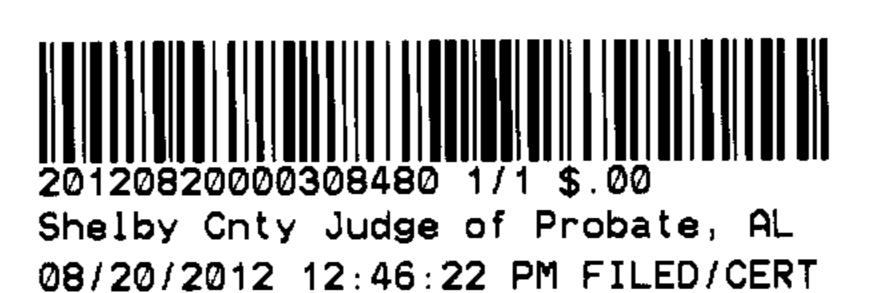


Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)



RECEIVED

AUG 14 2012

James W. Fuhrmeister Judge of Probate

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Type of Report (check one)		
Office Sought (include district or circuit number, if applicable)		r i	in which the is filed.	
Address Check box if reporting new address		Date o week i	y Report If Friday in the In which the is filed.	8/10/12
City State ZIP Gode AL 3501	Telephone Number	Calend	al Report lar year covered 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