

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

RECEIVED

MAR 3 1 2014

James W. Fuhrmeister Judge of Probate

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Aff liation	Type of Report (check one)	
Pezn J. 11	Ropublican	Monthly Report Month in which the	M ~ .
Office Sought (include district or circuit number, if applicable)		report is fled.	" wo
	2 Well	Weekly Report	
Address		Date of Friday in the	
205 Thom pson D'		week in which the report is fled.	
City State ZIP Code	Telephone Number	「'- Knnual Report	
Columbiana AL 3505		Lalendar year covered by this report.	
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This form is not for use by principal campaign committees for elected, public off cials.

In any reporting period, no campaign f nance report is required if the appropriate f ling threshold has not been reached by the candidate. The f ling thresholds are as follows:

- ▶ \$25,000 candidates for state off ces
- ▶ \$10,000 candidates for State Senate
- ▶ \$5,000 candidates for State House of Representatives
- ▶ \$5,000 candidates for district or circuit off ces
- ▶ \$1,000 candidates for local off ces

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I have not reached the fling threshold amount as set forth in the Fair Campaign Practices Act for the off ce for which I am seeking nomination or election.

This OPTIONAL form gives notice that no contribution or expenditure report will be submitted.

Signature of Candida e

Date