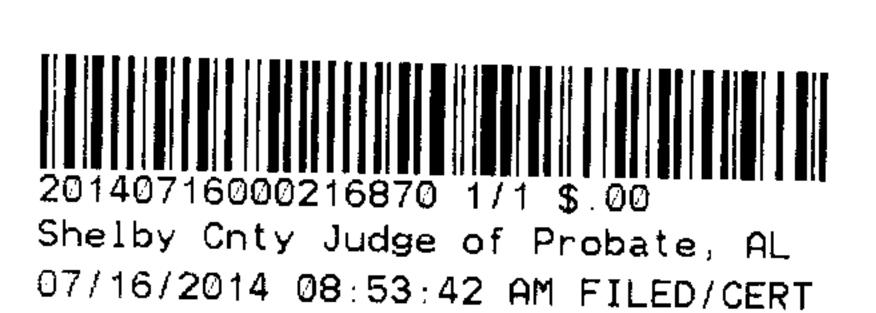




Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)





Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	ype of Report (check one)
Processought (include district or circuit number, if applicable) Seat West Shelby Fire & R	escue	Monthly Report Month in which the report is filed. Weekly Report	
Address		Date of Friday in the	
20 MonteNerde LN		week in which the report is filed.	
City State ZIP Code	Telephone Number	Annual Report	
Montevallo AL 35715		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

Date

7/10/14