

## Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

RECEIVED

JAN 2 8 2016

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Туре	of Report (check one)	t (check one)	
LINDSEY MLESON	REPUBLICA		Monthly Report  Month in which the		
Office Sought (include district or circuit number, if applicable)	1-57270-77		report is filed.		
SHEZZY COUNTY CONTISSION - DISTRICT!			Weekly Report	· ····································	
Address Check box if reporting new address		ш	Date that weekly report		
454 VALEYVIEW RO.			is due.		
City State ZIP Code	Telephone Number	$\square$	Annual Report		
INDEN SPRINGS, AL 35124	1 205-307-9021		Calendar year covered by this report.	2015	
			(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

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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 Collection Date

Date