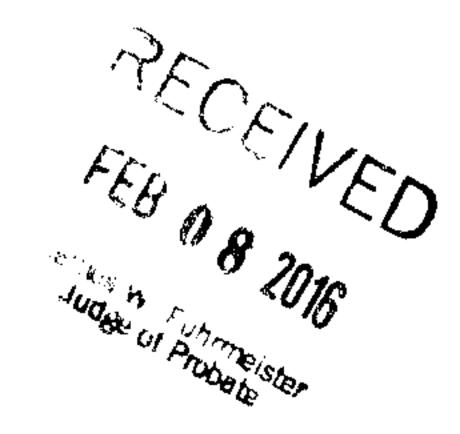


Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)



Please Print in Ink or Type.

Name of Candidate Politi	ical Party/Ballot Affiliation Typ	e of Report (check one)		
Office Sought (include district or circuit number, if applicable) Conta Commission	<u>ep.</u>	Monthly Report Month in which the report is filed.		
Address Chick box if reporting new address 840 Huy 54		Weekly Report Date of Friday in the week in which the report is filed.	Feb	8
City State ZIP Code Teles Montaullo AL 35115	phone Number 2-5	Annual Report 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

20160208000040270 1/1 \$.00 Shelby Cnty Judge of Probate: AL 02/08/2016 02:21:59 PM FILED/CERT Date

FORM REVISED 1.10.2012