

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

RECEIVED

FEB O & 2016

Judge of Probets for

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)	Pho	Monthly Report Month in which the report is filed.	
Address Check box if reporting new address		Weekly Report Date of Friday in the	
340 14454		week in which the report is filed.	
City State ZIP C Mo + cu-16 Mo = 35/5	ode Telephone Number 205	Calendar year covered by this report.	2015

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

FORM REVISED 1.10.2012

