

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation		Type of Report (check one)		
Kim R. King			Monthly Report Month in which the		
Office Sought (include district or discuit number, if applicable) Countina City Council District 4 Address Check box if reporting new address			report is filed.		
			Weekly Report Date that weekly report		
103 Pinetree Circle			is due.	7-15-16	
City State ZIP Code	e Telephone Number	[^_]	Annual Report		
Columbiana AL 35051			Calendar year covered by this report.		
			(Note: This form is not for use by elected officials in fieu 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

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

20160720000252810 1/1 \$.00

Shelby Cnty Judge of Probate, AL 07/20/2016 08:09:07 AM FILED/CERT

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