

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

20160808000279910 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 08:43:20 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate	<u> </u>		Political Party/Ballot Af	filiation	Тур	e of Report (check one))	
Office Sought (include district or circu	it number, if applica	ble)				Monthly Report Month in which the		
COUNCIL - CA	EKA			}		report is filed. Weekly Report		
Address Check box if reporting i	new address				K	Date that weekly report	J-2-16	
P. O. Box	1325					is due.	S 70	
City	State	ZIP Code	Telephone Number			Annual Report		
ALERA	AL	35040				Calendar year covered by this report.		
						(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

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