

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

20160822000300560 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/22/2016 08:23:09 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate	1	Political Party/Ballot Affiliatio	n Type of Repo	ort (check one)	
Office Sought (include district	t or circuit number, if applica	HAM ble)	Monthly F	which the	
COUNCIL -	CALERA		report is fi	L	· · · · · · · · · · · · · · · · · · ·
Address Check box if reporting new address			Weekly R Date that	weekly report	~ ~ ./
P. O. Br	x 1325) is due.	5	-20-16
City	State	ZIP Code Telephone Number	☐ Annual R	eport	
MERA	AL	35040 205-668-226	Calendar by this rep	year covered ort.	
				s form is not for use by ennual report.)	elected officials in

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