



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Waiver of Report FOR CANDIDATES (OPTIONAL FORM)



20160824000306350 1/1 \$ .00  
Shelby Cnty Judge of Probate, AL  
08/24/2016 01:31:09 PM FILED/CERT

Please Print in Ink or Type.

|                                                                                                      |                    |                                    |                                       |
|------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate<br><b>Johnny EDWARDS</b>                                                           |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought (include district or circuit number, if applicable)<br><b>City Council District #3</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>535 Phillips DR.</b>       |                    |                                    |                                       |
| City<br><b>Vincent</b>                                                                               | State<br><b>AL</b> | ZIP Code<br><b>35178</b>           | Telephone Number<br><b>[REDACTED]</b> |

Type of Report (check one)

- ☐ **Monthly Report**  
Month in which the report is filed.
- ☒ **Weekly Report**  
Date that weekly report is due.
- ☐ **Annual Report**  
Calendar year covered by this report.

|                 |
|-----------------|
|                 |
| <b>8-9-2016</b> |
|                 |

(Note: This form is not for use by elected officials in lieu of an annual report.)

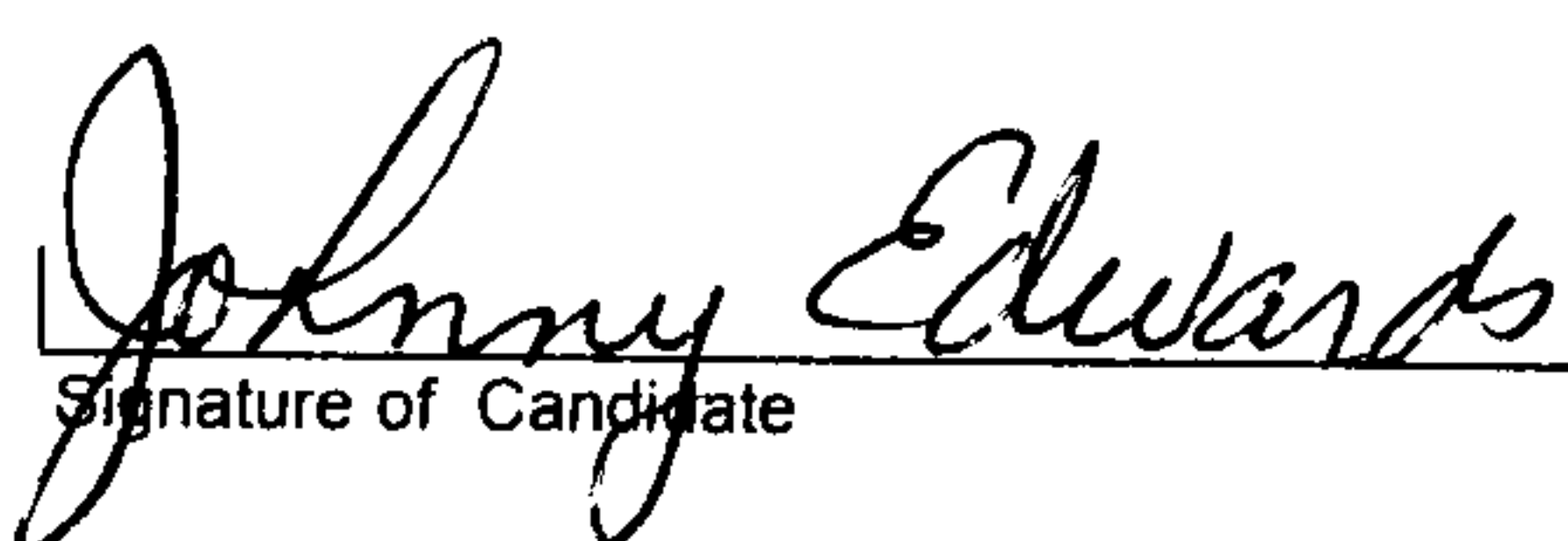
This form is not for use by principal campaign committees of elected, public officials.

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.

|                                                                                                                |                       |
|----------------------------------------------------------------------------------------------------------------|-----------------------|
| <br>Signature of Candidate | <b>8-9-16</b><br>Date |
|----------------------------------------------------------------------------------------------------------------|-----------------------|