

Waiver of Reportusion when the contract of the

FOR CANDIDATES 08/18/2020 03:

(OPTIONAL FORM)

20200818000359120 1/1 \$.00
Shelby Cnty Judge of Probate, AL
SHEED, CHICA CO AS DM ETLED/CEDT

Please Print in Ink or Type.

Name of Candidate			Political Party/Ballot Affiliation		Type of Report (check one)		
Dances Dovid Lest	imes				Monthly Report	<u> </u>	
Office Sought (include district or circuit r	umber, if applica	ible)	•		Month in which the report is filed.		
Mayor		<u> </u>	- ·	X	Weekly Report		
Address Check box if reporting nev	v address			I	Date that weekly report		
Bled Rennel Dr					is due.	17 Aus 2020	
City	State	ZIP Code	Telephone Number		Annual Report		
Viocent	AL	35178	205.639.2481		Calendar year covered by this report.		
					(Note: This form is not for unlies of an annual report.)	se by 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 Date