



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY



20200924000431470 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
09/24/2020 03:59:32 PM FILED/CERT

# Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate <b>Elizabeth McMillan</b>		Political Party/Ballot Affiliation	
Office Sought (include district or circuit number, if applicable) <b>Pelham City Council, Place 3</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>104 Granville Lane</b>			
City <b>Pelham</b>	State <b>AL</b>	ZIP Code <b>35124</b>	Telephone Number <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.

**9.25.20**

(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.**

**Elizabeth McMillan**  
Signature of Candidate

**9.24-20**  
Date