

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

SEP 2 5 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Please	Print	in Ink	or	Type.
		*******	v	IVDG.

Name of Candidate A / Le N	Type of Report (check one) Monthly Report Month in which the report is filed.
306 Preston Aver	Weekly Report Date of Friday in the week in which the report is filed.
City HAIIA AL 35954 256-3954591	Annual Report Calendar year covered by this report.

This form is not for use by principal campaign committees for 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 thresholds are as follows:

- \$25,000 candidates for state offices
- ▶ \$10,000 candidates for State Senate
- ▶ \$5,000 candidates for State House of Representatives
- ▶ \$5,000 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

9-25-20

Date

FORM REVISED 1.10.2012



probate.

FILED

Appointment of Principal Campaign Committee

SEP 2 5 2020

i illicipai c	amp	algii Co	minice	E	27.2			
Please print in ink or type.					SCOTT W. HASSELL JUDGE OF PROBATE This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent or third party candidate.			
Full Name of Candidate A								
Address of the Committee (street or post office box) 306 Preston Ave i					Type of Committee (check one) appoint myself as the sole member of my principal campaign committee			
City HAIIA	AL Stat	ZIP Code 33954	Telephone Number	/ I heret	12 (122)	iduals listed below to act		
If you are appointing others to se should be designated as the chai and addresses in the spaces belo	irperson of th	e committee. A second	member should be des	ers. You may appignated as the tr	point up to five mer easurer. Please cle	nbers. One member arly print their names		
Chai	irperson				Treasurer			
Full Name			Full Name					
Address (street or post office box)		•	Address (s	treet or post office	box)			
City	State	ZIP Code	City		State	ZIP Code		
Signature of Appointee			Signature	of Appointee				
Commit	tee Memb	er		Cor	nmittee Memb	er		
rui ivame			Full Name		77.			
Address (street or post office box)			Address (s	treet or post office	box)			
City	State	ZIP Code	City		State	ZIP Code		
Signature of Appointee		7 ×	Signature	of Appointee				
Commit	tee Memb	er		iling Threshol	d Amounts for I	Public Offices		
			┙ .	ling Threshold Amounts for Public Offices under the Fair Campaign Practices Act				
Address (street or post office box)				\$25,000 \$10,000	Statewide off State Senate	seat		
City	State	ZIP Code		\$5,000 \$5,000 \$1,000	State House Circuit or dist County or mu	rict office		
Signature of Appointee			^	-d b4b - 01-1				
Where to file this form			hereby sv	vear or affirm to	o the best of my	gn Practices Act, I knowledge and belief		
 State candidates file with the located in the Alabama State address is P.O. Box 5616, Mo 	Capitol, Roor	m E-210. The mailing			ained herein is tr			
County and municipal candida			ale	lan Sno	W	119-25-7		

Signature of elected official or candidate

Date