



Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

FILED
JUL 27 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate <i>GAIL G. MINSHAW</i>		Political Party/Ballot Affiliation		Type of Report (check one)	
Office Sought (include district or circuit number, if applicable) <i>City Council - Place 2 - City of Reece City</i>				<input type="checkbox"/> Monthly Report Month in which the report is filed.	
Address <input type="checkbox"/> Check box if reporting new address <i>802 Valley Dr</i>				<input type="checkbox"/> Weekly Report Date of Friday in the week in which the report is filed.	
City <i>Attalla</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>(256) 490-5778</i>	<input checked="" type="checkbox"/> 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.

Gail G. Minshaw | *7-27-2016*
Signature of Candidate | Date