



THIS AREA FOR OFFICIAL USE ONLY

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

FILED

JUL 1 1 2016

SOBBY M. JUNKINS

Please Print in Ink or Type.

Name of Candidate Political Party/Ballot Affiliation		Type of Report (check one)	
Office Sought (include district or circuit number, if applicable)	. ,	Monthly Report Month in which the report is filed.	July
Board OF Education Address Check box if reporting new address 405 Hughes Ave		Date of Friday in the week in which the report is filed.	
City o State ZIP Code	Telephone Number 2565 75 - 8199	Annual 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

Date

7-11-016