

Waiver of Report

OR CANDIDATES

OPTIONAL FORM)

FILED

JUN 2 4 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

ame of Candidate			Political Party/Ballot Affiliation	Type of Report (check one)		
Tice Sought (include district or circuit	number, if applica	ahan	Democrate		Monthly Report Month in which the report is filed.	Sune
Idress Check box if reporting ne	ew address	ive	A Y 1		Weekly Report Date of Friday in the week in which the	
Godsden	State	35901 ZIP Code	343-3053 Telephone Number		report is filed. Annual Report Calendar year covered by this report.	

is form is not for use by principal campaign committees for elected, public officials.

any reporting period, no campaign finance report is required if the appropriate filing threshold has not been ched 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

14

ve not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for the lam seeking nomination or election.

OPTIONAL form gives notice that no contribution or expenditure report will be submitted.

Signalure of Candidate

Date

Date

Date