



**Waiver of Report
FOR CANDIDATES
(OPTIONAL FORM)**

FILED
JUL 29 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate Kenneth Ray Dixon		Political Party/Ballot Affiliation	
Office Sought (include district or circuit number, if applicable) COUNCIL DISTRICT #2			
Address <input type="checkbox"/> Check box if reporting new address 1214 Old Boaz Rd.			
City ATTALLA	State AL	ZIP Code 35954	Telephone Number 256-504-0376

Type of Report (check one)

<input type="checkbox"/> Monthly Report Month in which the report is filed.	
<input checked="" type="checkbox"/> Weekly Report Date of Friday in the week in which the report is filed.	
<input 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.

Kenneth Ray Dixon 7/29/2016
Signature of Candidate Date