



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

FILED

JUL 29 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

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

Please Print in Ink or Type.

| | | | |
|--|---------------------|--|---|
| Name of Candidate ROBERT G. CROSS (B&B) | | Political Party/Ballot Affiliation N/A | |
| Office Sought (include district or circuit number, if applicable) Attalla City Council Dist #5 | | | |
| Address <input type="checkbox"/> Check box if reporting new address 524 LEE ST. | | | |
| City Attalla | State Ala | ZIP Code 35954 | Telephone Number (256) 538-2300 |

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. | 7/29/16 |
| <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.

Robert G. Cross **7/29/16**
Signature of Candidate Date