



Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

FILED
JUL 06 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

| | | | |
|--|--------------------|------------------------------------|---|
| Name of Candidate Virginia Smith | | Political Party/Ballot Affiliation | |
| Office Sought (include district or circuit number, if applicable) COUNCIL MEMBER, DIST 4 | | | |
| Address <input type="checkbox"/> Check box if reporting new address 649 TAFT AVE | | | |
| City ATLANTA | State AL | ZIP Code 35954 | Telephone Number 256-538-7069 |

Type of Report (check one)

- Monthly Report**
Month in which the report is filed.
- Weekly Report**
Date of Friday in the week in which the report is filed.
- Annual Report**
Calendar year covered by this report.

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|-------------|
| July |
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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.

Virginia Smith 7/6/16
Signature of Candidate Date