



Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

FILED
JUL 13 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate Zackery S. Govham		Political Party/Ballot Affiliation Independent	
Office Sought (include district or circuit number, if applicable) Council Place 5			
Address <input type="checkbox"/> Check box if reporting new address 12177 US Hwy 431			
City Boaz	State AL	ZIP Code 35954	Telephone Number 256-593-6415

Type of Report (check one)

<input type="checkbox"/> Monthly Report Month in which the report is filed.	
<input type="checkbox"/> Weekly Report Date that weekly report is due.	
<input checked="" type="checkbox"/> Annual Report Calendar year covered by this report.	439.00

(Note: This form is not for use by elected officials in lieu of an annual report.)

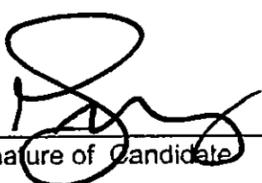
This form is not for use by principal campaign committees of elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing threshold is \$1,000, regardless of the office sought:

- ▶ \$1,000 - candidates for state offices
- ▶ \$1,000 - candidates for State Senate
- ▶ \$1,000 - candidates for State House of Representatives
- ▶ \$1,000 - 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 **7/11/16**