

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

INTER SOURCE OF PROBATE

JUL 18 2016

TIM WITCHELL JUDGE OF PROBATE

BY:____

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Please	Print	ın	ınk	Or	ıvpe

Name of Candidate 'Political Party/Ballot Affiliation		Type of Report (check one)		
Office Sought (include district or circuit number, if applicable)		Monthly Report Month in which the report is filed.		
BOAZ C: 44 COUNCIL F Address Check box if reporting new address O.O. BOX 1497 City State ZIP Code		Weekly Report Date that weekly report is due.	7-18-16	
<i>^</i>	Telephone Number 256-490-9385	Annual Report Calendar year covered by this report.		
	·	(Note: This form is not for us lieu of an annual report.)	se by elected officials in	

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

7-18-16 Date