

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

ULI 0 5 2020

SCOTT W. HASSELL JUDGE OF PROBATE

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111111111111111111111111111111111111111	Political Party/Ballot Affiliation	Type of Report (check one))
Office Sought (include district or circuit number, if applicable) AHAIIA BEARD Ed. DIST		Monthly Report Month in which the report is filed.	
Address Check box it reporting new address		Weekly Report Date of Friday in the week in which the	
306 prestou Ave.	Telephone Number	report is filed. Annual Report	
AHAIIA AL 35954	256-390-4591	Calendar year covered	

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.

Signature of Candidate Date

FORM REVISED 1.10.2012



Full Name of Candidate

FILED

Appointment of Principal Campaign Committee

Please print in ink or type.

UCT n 5 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

JUDGE OF PROBATE
This form is due within five (5) calendar days of
reaching the threshold amount, or within five (5)
calendar days of qualifying with a political party, or
within five (5) calendar days of filing a petition as an
independent or third party candidate.

Type of	Committee	(check one)
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- appoint myself as the sole member of my principal campaign committee
- I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

256-390-4591

ZIP Code

954

Political Party / Ballot Affiliation

Chair	person	
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committe	e Membe	r _.
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		
Committe	e Membe	
Full Name		
Address (street or post office box)		
City	State	ZIP Code
Signature of Appointee		

Where to file this form ...

- State candidates file with the Office of the Secretary of State, located in the Alabama State Capitol, Room E-210. The mailing address is P.O. Box 5616, Montgomery, Alabama 36103-5616.
- County and municipal candidates file with their county's judge of probate.

	Treasurer	
Full Name		
Address (street or pos	t office box)	
City	State	ZIP Code
Signature of Appointer		

Full Name	Committee Memb	oer .
Address (street or pos	t office box)	
City	State	ZIP Code
Signature of Appointed	9	

Filing Threshold Amounts for Public Offices under the Fair Campaign Practices Act

\$25,000	Statewide office
\$10,000	State Senate seat
\$5,000	State House seat
\$5,000	Circuit or district office
\$1,000	County or municipal office

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate

16-5-20