

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

SEP 18 2020

SCOTT W. HASSELL
Please Print in Ink or Type.
JUDGE OF PROBATE

	•		-· ··
Name of Candidate Allen Snow	Political Party/Bailot Affiliation	Type of Report (check one)
Office Sought (include district or circuit number, if applicable)		Monthly Report Month in which the	
AHAMA BOANLED DIS I		report is filed. Weekly Report	
Address Check box if reporting new address		Date of Friday in the week in which the	
306 Preston Ave.		report is filed.	
A LI	Telephone Number 251-390-459(Annual Report Calendar year covered	
7 00/31	B3 - 070 1571	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.

Signature of Candidate

Date



FILED

Appointment of Principal Campaign Committee

SEP 1 8 2020

SCOTT W. HASSELL

JUDGE OF PROBATE This form is due within five (5) calendar days of Please print in ink or type. reaching the threshold amount, or within five (5) Full Name of Candidate calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an Sought (include district or circuit number, if applicable) Political Party / Ballot Affiliation independent or third party candidate. Type of Committee (check one) appoint myself as the sole member of my principal campaign committee State ZIP Code Telephone Number I hereby appoint the individuals listed below to act as my principal campaign committee. 5954 256-390-4591

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 mber should be designated as the treasurer. Please clearly print their names r name.

Chair	person		
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
	tee Memb	er .	
Full Name			
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			
Commit	tee Memb	er	
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.

Full Name			
Address (street or pos	st office box)		
	21-1-	ZIP Code	
City	State	ZIF Gods	

	Committee Memb	er
Full Name	,	
Address (street or pos	t office box)	
City	State	ZIP Code
14		

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.