

## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

FILED

JUL 9 9 2016

BOBBY M. JUNKINS

HIDGE OF PROBATI

Please Print in Ink or Type.

1 16406 1 11112 111			
	Political Party/Ballot Affiliation	Type of Report (check one)	
Name of Candidate  Outry Works		Monthly Report  Month in which the report is filed.	
Office Sought (Include district or circuit number, if applicable)  Address Check box if reporting new address		Weekly Report Date that weekly report is due.	
P.O. BOX 25  City Cleat Grove At 35990	Telephone Number 205-589-2928	Annual Report Calendar year covered by this report.  (Note: This form is not for use by electe lieu of an annual report.)	d officials in
	,	HED OF GIT SHITTER (SEC. 12)	

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.

My Wolf

Date