

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

FILEDJUL 3 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate		Political Party/Ballot Affiliation	Тур	e of Report (check one))
Carolyn 19	rKer			Monthly Report Month in which the	7.1.
Office Sought (include district or circuit number, if applicable)				report is filed.	Jary
	inty Con	nmission Dist 05	$\downarrow \Box$	Weekly Report Date of Friday in the	
Address	ew addrees			week in which the	
1637 Arrowhea	d Dr			report is filed.	
City	State	ZIP Code Telephone Number		Annual Report	
(Jadsden	Al	35903 (256)303-8200		Calendar year covered 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.

Date