

Waiver of Report OR CANDIDATES

OPTIONAL FORM)

FILED
JUL 0 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

ame of Gandidate Political Party/Ballot Affiliation	Type of Report (check one)
fice Sought (include district or circuit number, if applicable)	Monthly Report Month in which the report is filed.
Etowah County Commissioner Dist 05 Idress Check box if reporting new address	Weekly Report Date of Friday in the
1637 Arrowhad Dr	week in which the report is filed.
State ZIP Code Telephone Number Al 35903 (256) 305-8200	Annual Report Calendar year covered by this report.

is form is not for use by principal campaign committees for elected, public officials.

any reporting period, no campaign finance report is required if the appropriate filing threshold has not been ched 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

ve not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for the lam seeking nomination or election.

OPTIONAL form gives notice that no contribution or expenditure report will be submitted

Date 14

ignature of Candidate

FORM REVISED 1 10.2012