

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

AUG 3 0 2012

BOBBY M. JUNKING JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Type of Report (check one)
DANNIL L. Golden		Monthly Report Month in which the	8-31-17
Office Sought (include district or circuit number, if applicable) Ed. 6. Bd. of Ed. Dist	+6	report is filed. Weekly Report Date of Friday in the	0 01 7 2
14) 80 (= A/A, + RJ.		week in which the report is filed.	
ity State ZIP Code A/ 35954	Telephone Number 256-538-7652	Annual Report Calendar year covered by this report.	

nis 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 ached 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

 $\mathcal{I}_{\mathcal{F}}$

ave not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for ich I am seeking nomination or election.

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

Dan 2. Polyman Signature of Candidate

0/31/12/ Date