

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

FILED MAY 1 9 2014 BOBBY M. JUNKINS JUDGE OF PROBATE

FILED

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BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation Typ	e of Report (check one)		
Da Phone towell		Monthly Report Month in which the		
Office Sought (include district or circuit number, if applicable)	2	report is filed.		(A
attalla (ity BDE District		Weekly Report	BOCKOROLON -	1.
Address Check box if reporting new address	`	Date of Friday in the week in which the	3/12/14/14/15/1/2	[[4]
905 6th Ave N.W.		report is filed.		1 ' '
City State ZIP Code	Telephone Number	Annual Report		
1 (4-Harling 1) 25 Gerli	125/01 218/195	Calendar year covered		
1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	(VV) () () () () () () () () () () () () ()	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 Candigate Date Date