

## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

## Please Print in lnk or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	e of Report (check one)
Randall Gracn			Monthly Report
Office Sought (include district or circuit number, if applicable)			Month in which the report is filed.
Council Place 1			Weekly Report
Address Check box if reporting new address			Date that weekly report is due.
Favriew Cove Rd			
City a / State ZIP Co.		П	Annual Report
altera al 35952	256-490-6432		Calendar year covered by this report.
			(Note: This form is not for use by elected officials in lieu of an annual report.)

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.

Signature of Candidate Date