

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

JUL 17 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Please	Drint	in	lnk	OF	Type

Name of Candidate	Political Party/Ballot Affiliation	Тур	e of Report (check one)	
Kandy L Burns		П	Monthly Report	
Office Sought (include district or circuit number, if applicable)	0 0 1	_	Month in which the	
Council Place 1 Town of	Reece City	_	report is filed.	
Address Check box if reporting new address	10000	Ш	Weekly Report Date that weekly report	
656 Hazel Bend			is due.	
City : State ZIP Code	Telephone Number	П	Annual Report	
Attalla Hl 35954	256-538-6941	ш	Calendar year covered by this report.	
			(Note: This form is not for use lieu of an annual report.)	by elected officials in

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

1 17-20

Date