

Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)

FILED

JUL 05 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	ype of Report (check one)	,
KOBERT (BOB) G. CRUSS	NA [Monthly Report Month in which the	- 110
Office Sought (include district or circuit number, if applicable)	1 set 4/	report is filed.	- alm
Address Check box if reporting new address	10,11V 175 [Weekly Report Date of Friday in the	
	524	week in which the report is filed.	·
City Add AlA State ZIP Code Add AlA 35954	Telephone Number (256) 5 38-2300	Annual Report Calendar year covered 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.

Date