

## Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

THIS AREA FOR OFFICIAL USE ONLY

FILED

JUL 1 1 2016

BOBBY M.JUNKINS IUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Type of	Report (check one)
Site Thompson			nthly Report
Office Sought (include district or circuit number, if applicable)		=	ort is filed.
Council #5		┌─ We	ekly Report
Address Check box if reporting new address			e that weekly report
Hory 278		is d	ue.
City State ZIP Code	Telephone Number		nual Report
altore a 35352			endar year covered his report.
			te: This form is not for use by elected officials in 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