

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

MAR 1 8 2019

SCOTT W. HASSELL JUDGE OF PROBATE

Please Print in ink or Type.

Name of Candidate	011	NI	Political Party/Ballot Affiliation	Тур	e of Report (check one)	•	
Warren He xand		wa-lives			Monthly Report Month in which the		
office Sought (include district on circuit number, if applicable)				A	report is filed. Weekly Report Date that weekly report is due.		
Address Check box if reporting new address				22		2/10/10	
417 Taylor S	rect					7118119	
Gadsden	State	21P Code 3/903	Telephone Number 1078-914-8140		Annual Report Calendar year covered by this report.		
					(Note: This farm is not for use 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.