



Probate Office

Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

FILED

JUL 08 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate Charles Knight		Political Party/Ballot Affiliation Democrat	
Office Sought (include district or circuit number, if applicable) ATTALLA CITY COUNCIL DIST. #1			
Address <input type="checkbox"/> Check box if reporting new address 507 3rd ST. N.W. APT. #2			
City ATTALLA	State AL.	ZIP Code 35954	Telephone Number 256-485-2159

Type of Report (check one)

Monthly Report
Month in which the report is filed.

July

Weekly Report
Date of Friday in the week in which the report is filed.

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.

Charles Knight
Signature of Candidate

7-7-16
Date