

Waiver of Report FOR ELECTED OFFICIALS AND CANDIDATES

JAN 31 2012

James W. Fuhrmeister

RECEIVED

(OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate or Elected Offici	al		Political Party/Ballot Affiliation	ion Type of Report (check one)
Jim Strickland				Monthly Report
Office Sought or Held (include district or circuit number, if applicable) Columbiana City Council - District 3 Address Check box if reporting new address				Weekly Report Daily Report (state candidates and elected officials only)
Columbiana	State A L	35051	Telephone Number	

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.

Signature of Candidate or Elected Official

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Date