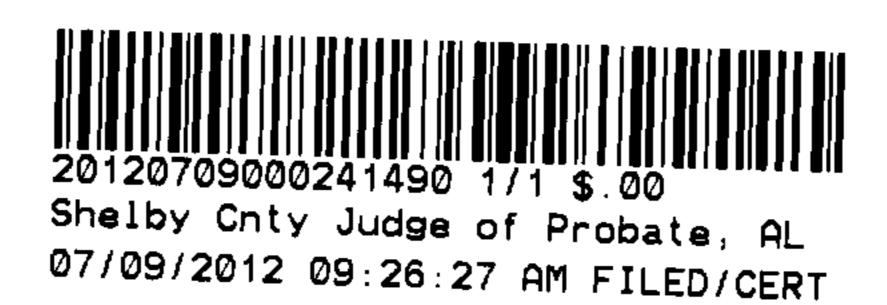
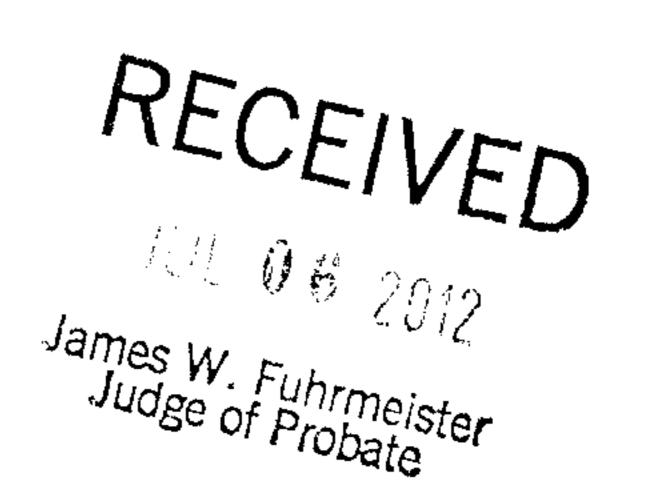


Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)





Please Print in Ink or Type.

Name of Candidate	2	Political Party/Ballot Affiliation	Type of Report (chec	ck one)
(nris	Dunn		Monthly Report Month in which the	
Office Sought (include district or circuit number, if applicable)			report is filed.	,
Address Check box if reporting new address			Weekly Report Date of Friday in the	
4991 Hwy	42		week in which the report is filed.	•
City	State ZIP Code		Annual Report	arad (
alera	ML 35040		by this report.	tieu

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.

Signature of Candidate

Date