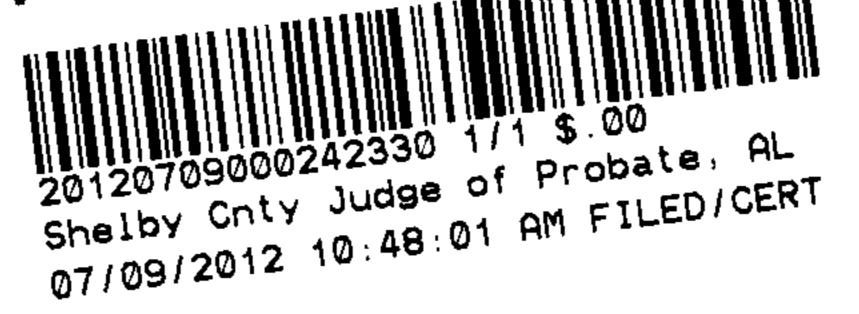


Waiver of Report



RECEIVED

FOR ELECTED OFFICIALS AND CANDIDATES

(OPTIONAL FORM)

Piease Print in Ink or Type.	-	
	Political Party/Ballot Affiliation	Type of Report (check one)
Name of Candidate or Elected Official		Monthly Report
John Alvin (Johnny) EDWARDS	,	Weekly Report
Office Sought or Held (include district or circuit number, if applicable)		Daily Report (state candidates and
Councilmen Distict 5		elected officials only)
Address Check box if reporting new address		

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:

Telephone Number

- \$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

State

▶ \$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

Date