





Waiver of Report

FOR ELECTED OFFICIALS AND CANDIDATES

(OPTIONAL FORM)

Please	Print	in Ink	or T	ype.
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	Political Party/Ballot Affiliation	Type of Report (check one)
Name of Candidate or Elected Official	DO UNIONAT	Monthly Report
MAF HUGH KIDO		
Office Sought or Held (include district or circuit number, if applicable)	Weekly Report
CITY COMMEL DISTICT		Daily Report (state candidates and elected officials only)
Address Check box if reporting new address		
131 DATES LANE	T-lambar Number	
City, State ZI	P Code Telephone Number	
11/iNCeN1 /11 35	118	

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

FORM REVISED 9.2.2011

Date