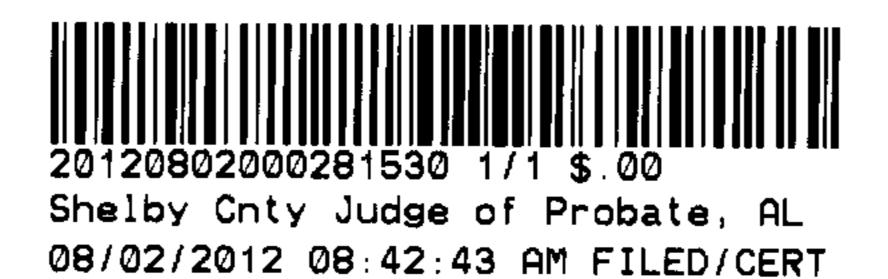


Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)



RECEIVED

AUG 0 1 2012

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate Political Party/Ballot Affiliation	Type of Report (check one)	
MENCOLN (A4 Show Falur Demo crat office Sought (include of that or circul Jumber, if applicable)	Monthly Report Month in which the report is filed.	
Address Check box if reporting new address.	Weekly Report Date of Friday in the	1 1
1001 GARNET WRINE	week in which the report is filed.	8/3/20121
State ZIP Code Telephone Number 35040	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.