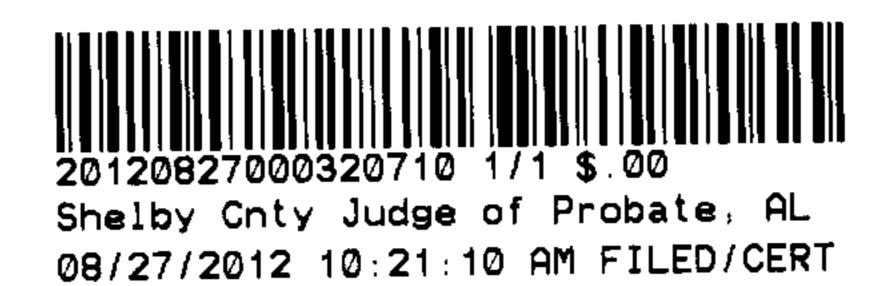
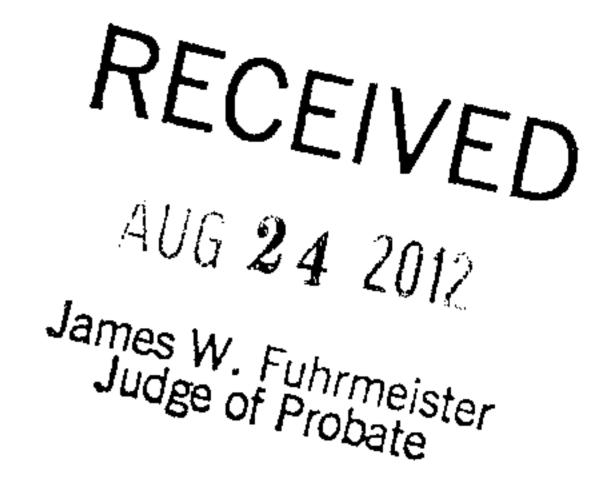


## Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)





Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	Type of Report (check one)		
CRUEST MONTGOMERY			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		
P.O. Box 347 /567 Cd 21	3		week in which the report is filed.		
City State ZIP Code A1 35040	Telephone Number		Annual Report 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.

Signature of Candidate

Date