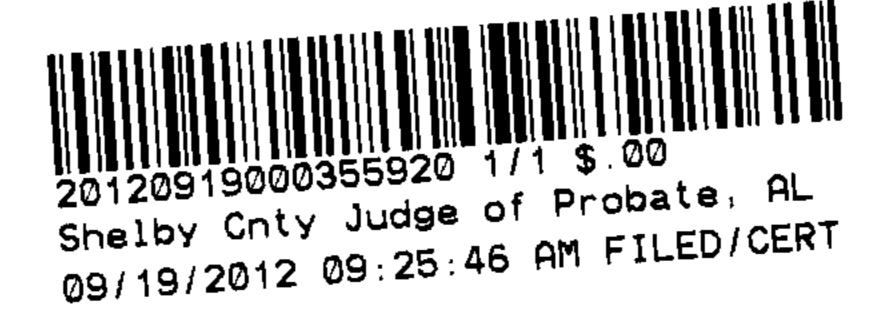


Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)





Please Print in lnk or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	e of Report (check one)	
Office Sought (include district or circuit number, if applicable)	16epub/1Can		Monthly Report Month in which the report is filed.	
Address Check box if reporting new address 2004 Long Branch Cincle		X	Weekly Report Date of Friday in the week in which the report is filed.	9-21-12
City State ZIP Code A 35040	Telephone Niumber		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.

Date