





Waiver of Report

FOR ELECTED OFFICIALS AND CANDIDATES

(OPTIONAL FORM)

	- 1.4	• I	1-4-1-		Time
Please	Print	in	Ink	or	type

Political Party/Ballot Affiliation	Type of Report (check one)
Name of Candidate of Elected Official	Monthly Report
Die Maker De Verpunican	┈┫ ┉╼┫
Office Sought or Held (include district or circuit number, if applicable)	Weekly Report
	Daily Report (state candidates and
Address Check box II reporting new address	elected officials only)
Address Checkbox in aporting flow document	
895 - 10th St. All	
City State ZIP Code Telephone Number	
11111 An Aon at 35007	

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.

Namel M. Color St.

Signature of Candidate or Elected Official

Date