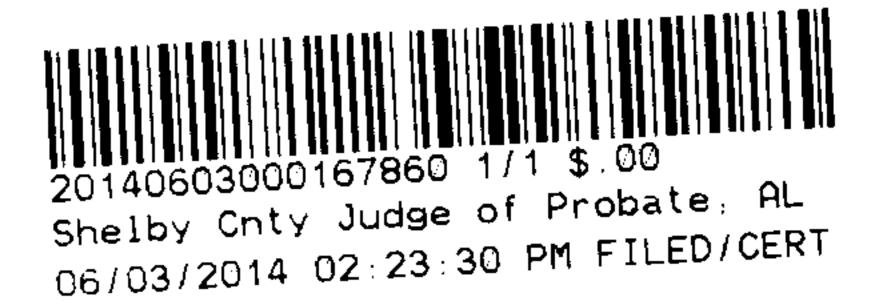


Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)



RECEIVED

JUN 0 3 2014

James W. Fuhrmeister Judge of Probate

Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Aff liation	Type of Report (check one)	
Peggis J. Hall	Kepublican	Monthly Report Month in which the	T.,
Office Sought (include district or circuit number, if applicable)		report is f led.	<u>m</u>
Shalky Co. 120, 04 Ed.	Nember	Weekly Report	· · · · · · · · · · · · · · · · · · ·
Address Check box if reporting new address		Date of Friday in the	
205 Thompson St.		week in which the report is fled.	
City State ZIP	Code Telephone Number	Annual Report	
Columbiana Au 35	205 (by this report.	

This form is not for use by principal campaign committees for elected, public off cials.

In any reporting period, no campaign f nance report is required if the appropriate f ling threshold has not been reached by the candidate. The f ling thresholds are as follows:

- ▶ \$25,000 candidates for state off ces
- ▶ \$10,000 candidates for State Senate
- \$5,000 candidates for State House of Representatives
- ▶ \$5,000 candidates for district or circuit off ces
- ▶ \$1,000 candidates for local off ces

I have not reached the fling threshold amount as set forth in the Fair Campaign Practices Act for the off ce 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