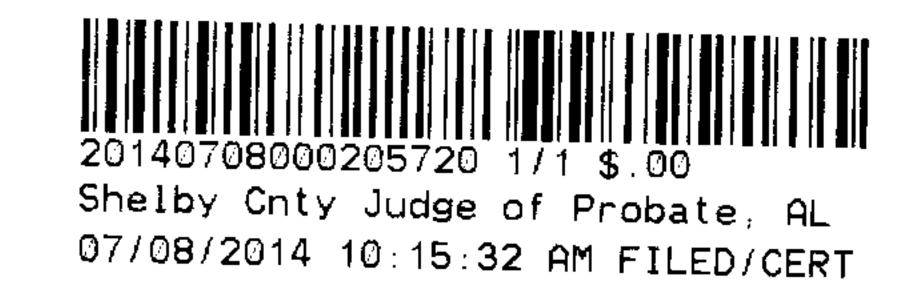


Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)



Please Print in Ink or Type.

Name of Candidate	Relitical Party/Ballot Aff liation	Type of Report (check one)	
Office Sought (include district or circuit number, if applicable)	Kapublican	Monthly Report Month in which the report is fled.	
Shelling Co. Bal. of Ed. Address Check box if reporting new address Thompson St.		Date of Friday in the week in which the report is f led.	
Columbiana SS051	Telephone Number	Calendar year covered 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.

RECEIVED

JUI 07 2014

James W. Fuhrmelster Judge of Probate Signature of Canadate

Date 7/7