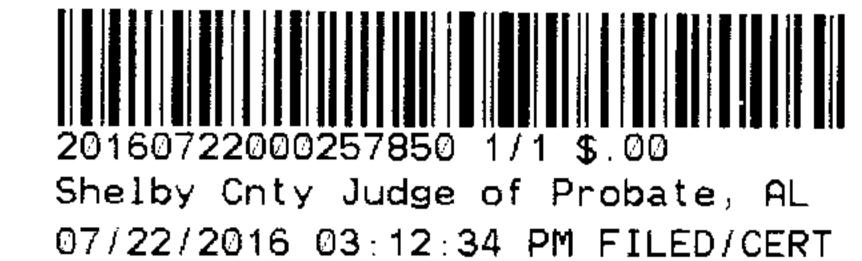


## Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)



## Please Print in Ink or Type.

Name of Candidate	Political Party/Ballot Affiliation	Тур	e of Report (check one)	
Office Sought (include district or circuit number, if applicable)			Monthly Report  Month in which the	
Address Check box if reporting new address		Weekly Report Date that weekly report is due.		7-25-16
City  Monten/6  A/  State  ZIP Code  5//5	Telephone Number 205665242		Annual Report Calendar year covered by this report.	
			(Note: This form is not for us lieu of an annual report.)	e by elected officials in

This form is not for use by principal campaign committees of 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 threshold is \$1,000, regardless of the office sought:

- ▶ \$1,000 candidates for state offices
- ▶ \$1,000 candidates for State Senate
- ▶ \$1,000 candidates for State House of Representatives
- ▶ \$1,000 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