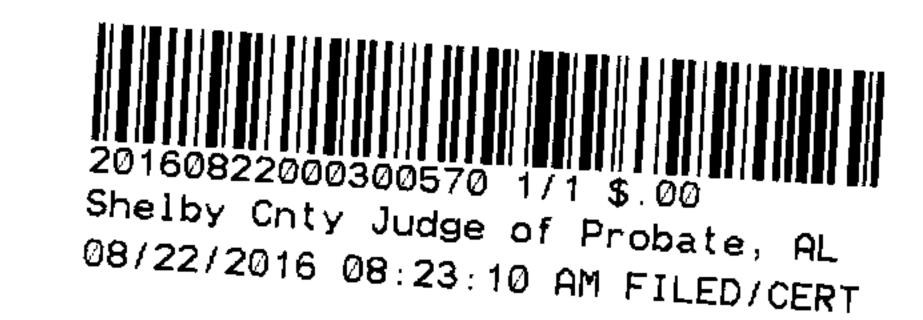


Waiver of Report FOR CANDIDATES (OPTIONAL FORM)



Please Print in Ink or Type.

Name of Candidate	O		Political Part	y/Ballot Affiliation	Typ	e of Report (check one)	
しつから	bun'	7				Monthly Report	
Office Sought (include district or circ	uit number, if applica		Ch	1		Month in which the seport is filed.	
Address Check box if reporting	new address	9019	<u> </u>	Counci	X	Weekly Report	
491	Hwy	42				Date that weekly report is due.	8-27/6
City Calesa	State #L	35040	Telephone N	umber ,-0570		Annual Report Calendar year covered by this report.	
						(Note: This form is not for us lieu of an annual report.)	se 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