

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

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THIS AREA FOR OFFICIAL USE ONLY

Please Print in Ink or Type.

Please Print in Ink or Type. [Political Party/Ballot Affilia	Type of Report (check one)
Name of Candidate Elizabeth MCMillan Office Sought (include district or circuit number, if applicable) City (DVNC) # 3 Address Check box if reporting new address IDH Granville Lane State ZIP Code Telephone Number Political Party/Bajlot Attack	Monthly Report Month in which the report is filed. Weekly Report Date that weekly report is due. Annual Report Calendar year covered by this report. (Note: This form is not for use by elected officials in fieu of an annual report.)
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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.

Date Signature of Candidate