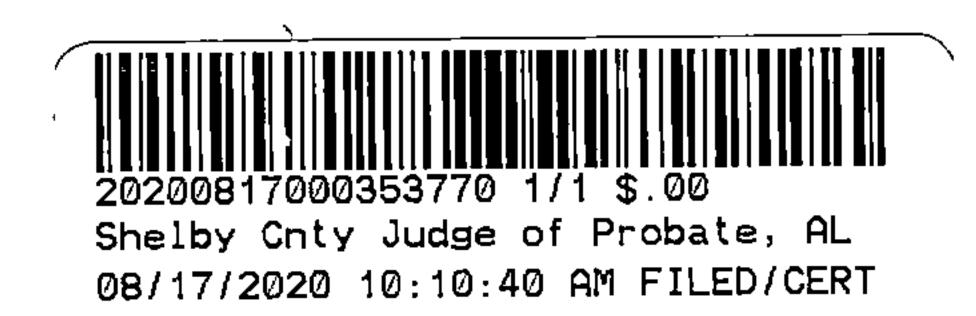


## Waiver of Report FOR CANDIDATES

(OPTIONAL FORM)



Please Print in Ink or Type.

Name of Candidate			Political Party/Ballot Affiliation		Type of Report (check one)			
Kim Rasco Kino	a. Ži <u>o rengole i i i i i</u>	• • • • • • • • • • • • • • • • • • • •	•		Monthly Report		e de saise ballion, saise	
Office Sought (include district or circuit	number, if applic	able)			Month in which the report is filed.			
Cita Council District 4					Weekly Report Date that weekly report is due.	The American Statement of the Community	AND SOME A PERSON OF THE SEASON OF THE SEASO	
Address Check box if reporting new address								
103 Pinetre Cirele						8-1	7.20	
City	State	ZIP Code	Telephone Number		Annual Report	1 100 100 100 100 100 100 100 100 100 1		
Columbiana	Δι	35051			Calendar year covered by this report.		to the contract of the contrac	
					(Note: This form is not for a lieu of an annual report.)	use by electe	ed 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.

Min R.	Die	8.17.20	
Signature of Candidate	ð	Date	• -