

## Waiver of Report

## FOR CANDIDATES

(OPTIONAL FORM)

**FILED** 

JUL 0 8 2020

SCOTT W. HASSELL JUDGE OF PROBATE

## Please Print in Ink or Type.

Name of Candidate		Political Party/Ballot Affiliation	Тур	Type of Report (check one)		
Office Sought (include dis	icable)	REPUICI		Monthly Report Month in which the report is filed.		
NOS SEOT · C/29 COUNCILE  Address ☐ Check box if reporting new address  4/39 Hu 9 27 %					Weekly Report Date that weekly report is due.	
City  A L Zooin A	State	ZIP Code	Telephone Number 484 · 431 · 6202		Annual Report Calendar year covered by this report.	
					(Note: This form is not for u	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