

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

jiji 2 4 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate			Political Party/Ballot Affiliation		Type of Report (check one)		
Robin Aller	stein		Republican		Monthly Report Month in which the		
Office Sought (include district or circuit number, if applicable)				1	report is filed. Weekly Report Date that weekly report		
City Council Rece City							
Address Check box if reporting new address							
108 Cullins	Rd				is due.		
City	State	ZiP Code	Telephone Number	ΙП	Annual Report		
Attello	AI	35454	250-613-4586		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.

Fold allent 17-21-20
Signature of Candidate Date