

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED
JUL 2 2 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate Political Party/Ballot Affiliation		Type of Report (check one)		
TETRY D. McClAN	Rapublican		Monthly Report Month in which the	
Office Sought (include district or circuit number, if applicable)			report is filed.	
City CouncilMAN			Weekly Report	
Address Check box if reporting new address		LXI	Date of Friday in the	1 0 40
1105 5th Stood 5,6			week in which the report is filed.	July 29
City State ZIP Co	· · · · · · · · · · · · · · · · · · ·		Annual Report	
Att AllA Al. 3595	4 256-613-5157	ليا	Calendar year covered by this report.	

This form is not for use by principal campaign committees for 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 thresholds are as follows:

- ▶ \$25,000 candidates for state offices
- ▶ \$10,000 candidates for State Senate
- ▶ \$5,000 candidates for State House of Representatives
- ▶ \$5,000 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