

Waiver of Report

FOR CANDIDATES

(OPTIONAL FORM)

FILED

APR U 8 2019

SCOTT W. HASSELL JUDGE OF PROBATE

ileu of an annual report.)

Please Print in Ink or Type.							
Name of Candidate		1	Political Party/Ballot Affiliation	Тур	e of Report (check one)	•	
Warren H.O'M	lax10 - 10	es			Monthly Report Month in which the		
Office Sought (include district of calcult number, if applicable)				ļ	report is filed.		
Occascien City E	ixyd o dto	lucoution	1)RING or		Weekly Report		
Address	new address		, –	رکانا	Date that weekly report	11/0	1000
417 Taylor	ST.				is due.	4/8	2019
City()	State	ZIP Code	Telephone Number		Annual Report		
Tadoden	M	35983	1618-914-8144		Calendar year covered by this report.		
(Note: This form is not for use							d 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