



Waiver of Report FOR CANDIDATES (OPTIONAL FORM)

Please Print in Ink or Type.

Name of Candidate		Political Party/Ballot Affiliation	
Office Sought (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Report (check one)

<input type="checkbox"/> Monthly Report Month in which the report is filed.	<input type="text"/>
<input type="checkbox"/> Weekly Report Date that weekly report is due.	<input type="text"/>
<input type="checkbox"/> Annual Report Calendar year covered by this report.	<input type="text"/>

(Note: This form is not for use by elected officials in lieu of an annual report.)

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.

<input type="text"/>	<input type="text"/>
Signature of Candidate	Date