Official Campaign Finance Waiver Request Form

DATE STAMP

Requestor is a:
ق **Candidate** ق **Political Committee** ق **Other** _____

Requesting Party _____

Candidate Name (if requestor is a candidate's committee) _____

Address _____ City, State, Zip _____

Daytime Telephone _____ Other Phone _____ Email _____

Report(s) Delinquently Filed _____

Fine Amount(s) _____

"…However, in the discretion of the Secretary of State, the assessing of the fine may be waived in whole or in part if the Secretary of State determines that unforeseeable mitigating circumstances, such as the health of the candidate, interfered with timely filing of a required report. Failure of a candidate or political committee to receive notice of failure to file a report from the Secretary of State is not an unforeseeable mitigating circumstance, and failure to receive the notice shall not result in removal or reduction of any assessed civil penalty." Mississippi Code Ann. § 23-15-813 (a)(ii).

Please describe the *unforeseeable mitigating circumstances* preventing you from filing your campaign finance reports by the statutory deadline or within the nine (9) day grace period provided by law. (Please use additional sheets and/or attach copies of any relevant documents (receipts, hospital invoices, doctors' records etc.) if needed).

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Signature of Requestor _____ **Date** _____

Official Campaign Finance Waiver Request Form

(Supplemental Form)

Signature of Requestor _____ **Date**_____