## **WAIVER OF REPORT**

(Section 106.07(7), F.S.)

(PLEASE TYPE)

Vianana Damas			
Xiomara Pazos Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name		Identification Number (Assigned by Division of Elections)	nc
P.O. Box 661193 Miami Springs,		FL 33266-1193 Dist. 6	
Address (Number and Street)		Office Sought (Include District, Circuit or	
		Group Number)	
City	State Zip Code		
∑ Candidate	Committee of Continuous Existence	Check box if address has changed since last report.	t
Political Committee	Party Executive Committee	and will no longer file reports	D
TYPE OF RE (Check Approp		REPORT 9 7	
QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTION PAGE	English Control
☐ January	☐ 32nd day prior	☐ 46th day prior ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
☐ April	☐ 18th day prior	☐ 32nd day prior	
☐ July	☐ 4th day prior	☐ TERMINATION REPORT ☐ 18th day prior	
☐ October		☐ 4th day prior	
NOTIFICATION OF NO A	CTIVITY IN CAMPAIGN	ACCOUNT FOR THE REPORTING PERIOD OF	
	throu	gh	
· V	2		
X	CES (	10-1-4 Poto	
Sign	ature	Date	
SIGNATURES REQUIRED FOR	Candidate, Campaign Political Committees	4)(c), F.S.) ittees	
In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.			

October 1st, 2004

2006

Miami-Dade Elections 2700 N.W. 87 Ave Miami, FL 33172

Dear Acosta:

This is in reference to our telephone conversation.

There was no activity on this period due to that I have not open a checking account yet.

Please waiver the report on October 1st, 2004.

Any questions please feel free to call me at 305-884-1756.

Thank you,

Xiomara Pazos

COOLOCT -5 AMII: 15

Professional Medical Transportation Corp. P. O. Box 661193 Miami Springs, FL. 33266 maria Dest Electric Des 10-1-4

ELECTIONS DEPARTMENT

SI:11HY S-130 4007

BECHED