WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 596 [1091641] Submitted on: 9/30/2015 17:45:40 (eastern) OFFICE USE ONLY				
Robert Graham	Johnson	Su	pervisor of Ele	ections			
Name 4622 Crew Circle #6 Address		14 J	Office Sought				
		Me	Melbourne, FL 32904				
			City State Zip Code				
	research as						
X Candidate	Candidate Political Committee			Party Executive Committee			
NOTE: This form does not apply waiver) that no reportable							
Check here if address has changed since last report. Check here if PC has DISBANDED and will no longer reports.					longer file		
Indicate report # M9 M	Indicate report # P TERMINATION	6	PECIAL ELECTION	Indicate report as applicable:	type and #		
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE REP	PORTING PERIO	DOF		
	9/1/2015	THROUGH	9/30/2015				
X							
Signature				Date			
X							
Signature			2 23-	Date			
REQUIRED SIGNATURES FOR:	Political Committe Chairman and C Party Executive Co	es: Campaign Treasurer	r or Deputy Treasurer or Deputy Treasurer ((2), F.S.)				
Except as noted above for an ECC received) the filing of the requi	red report is waived.		officer must be notified				