| WAIVER OF REPORT   |  |                          | ONLINE   |                                   | SION        |                |
|--|--|--------------------------|--|-----------------------------------|-------------|----------------|
| (Section 106.07(7), F.S.)<br>(PLEASE TYPE)                         |  |                          | Id: 452 [1149253]<br>Submitted on:<br>2/9/2018 16:58:24 (eastern)<br>OFFICE USE ONLY |                                   |             |                |
|  |  |                          |  |                                   |             | Mary Ann Royce |
| Name   |  |                          | Office Sought  |                                   |             |                |
| 5255 SW 121 Terrace  |  | C                        | Cooper City, Fl 33330  |                                   |             |                |
| Address  |  | City                     |  | State                             | Zip Code    |                |
| X Candidate  | Political Committe   | e                        | Party Executiv   | ve Committee                      |             |                |
| NOTE: This form does not apply<br>waiver) that no reportable       |  |                          |  |                                   |             |                |
| Check here if address has o  | changed since last rep   |                          | ock here if PC has DISB<br>ports.  | ANDED and will no                 | longer file |                |
| Indicate report #<br>M   | Indicate report #<br>P<br>TERMINATION                          | G                        | te report #<br><br>PECIAL ELECTION   | Indicate report<br>as applicable: | type and #  |                |
| NOTIFICATION OF  | NO ACTIVITY IN C   |                          | OUNT FOR THE REP   |                                   | OF          |                |
|  | 1/1/2018   | THROUGH                  | 1/31/2018  |                                   |             |                |
| x  |  |                          | _1 0   |                                   |             |                |
| Signature  |  |                          |  | Date                              |             |                |
| X  |  |                          |  |                                   |             |                |
| Signature  |  |                          |  | Date                              |             |                |
| REQUIRED SIGNATURES FOR:   | Political Committe<br>Chairman and C<br>Party Executive C      | es:<br>Campaign Treasure | r or Deputy Treasurer (<br>r or Deputy Treasurer (s<br>(2), F.S.)                    |                                   |             |                |
| Except as noted above for an ECC received) the filing of the requi | ), in any reporting per<br>red report is <mark>wa</mark> ived. | iod when there has       | been no activity in the a<br>officer must be notified i                              |                                   |             |                |