WAIVER OF REPORT		ONLINE S	SUBMIS:	SION	
(Section 106.07(7), F.S.)		Submitted on			
(PLEASE TYPE)		9/10/2019 09:50:31 (eastern) OFFICE USE ONLY			
James C. Jacobs	Scho	ool Board Dist	3		
Name		Office Sought			
9439 San Jose Blvd.	Jac	Jacksonville, FL 32257			
Address	City		State	Zip Code	
Candidate Political Committee		Party Executiv	e Committee		
NOTE: This form does not apply to an electioneering com waiver) that no reportable contributions or expenditu					
Check here if address has changed since last report.	Check repor	here if PC has DISBA ts.	ANDED and will no	longer file	
Indicate report # Indicate report # M P TERMINATION REP	Indicate G PORT SPE	report # CIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF NO ACTIVITY IN CAM	PAIGN ACCOU	NT FOR THE REP	ORTING PERIO	OF	
8/1/2019	THROUGH	8/31/2019			
x					
Signature		S	Date		
X					
Signature		S	Date		
Political Committees:	paign Treasurer of hittees:	r Deputy Treasurer (s Deputy Treasurer (s.), F.S.)			
Except as noted above for an ECO, in any reporting period v received) the filing of the required report is waived. How reporting date th		cer must be notified in			