WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 666 [1220090] Submitted on: 7/24/2020 23:56:21 (eastern)			
		9.0	OFFI	CE USE ONLY		
John Reading		Cor	County Commissioner, District 5			
Name		12 61	Office Sought			
968 Broken Arrow Ln		Ca	Cantonment, FL 32533			
Address		City		State	Zip Code	
X Candidate	Political Committee		Party Executi	ve Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has o	changed since last repo	1000 C 100 C	ok here if PC has DISB orts.	ANDED and will no	longer file	
Indicate report #	Indicate report # P TERMINATION R	G	e report #  PECIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF	NO ACTIVITY IN CA	AMPAIGN ACCO	UNT FOR THE REP		OF	
	7/11/2020	THROUGH	7/17/2020			
			-			
X			-o o			
Signature				Date		
X			a s-	-		
S REQUIRED SIGNATURES FOR:	Political Committee Chairman and Ca Party Executive Co	es: ampaign Treasurer	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. H		fficer must be notified			