WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)		0	ONLINE SUBMISSION Id: 172 [1147007] Submitted on: 12/10/2017 18:41:48 (eastern) OFFICE USE ONLY			
	Elect Barbara Sa	ndersolit				
Name			Office Sought			
Po Box 157		a	Apalachicoal, FL 32320			
Addres	S	City		State	Zip Code	
Candidate X	Political Committee		Party Execut	ive Committee		
NOTE: This form does not apply waiver) that no reportable of Check here if address has ch	ontributions or expenditures	were made duri	ng the reporting potential of the reporting potential of the report of t), F.S.).	
м <u>M11</u>	PRIMARY ELECTION	Indicate re G T SPEC	IAL ELECTION	Indicate report as applicable:		
	IO ACTIVITY IN CAMPAI	GN ACCOUN	11/30/201		DOF	
X		c	Date			
X			8	0.00.00.00.000		
Si	gnature Candidates: Candidate and Campaig Political Committees: Chairman and Campaig Party Executive Committe	n Treasurer or l	Deputy Treasurer (