WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 176 [1164518] Submitted on: 8/2/2018 15:35:04 (eastern) OFFICE USE ONLY			
Christy Joy Tl	nompson	Sal	hool Board Membe	er Dist 4		
Name			Office Sought			
1 Big Oaks		Ap	Apalachicola, FL 32320			
Address		City		State	Zip Code	
X Candidate	Political Committee		Party Executiv	ve Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last rep	CONTRACTOR OF THE OWNER OWNE	ck here if PC has DISB/ orts.	ANDED and will no	longer file	
Indicate report # M	Indicate report # P TERMINATION F	G	PECIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF		AMPAIGN ACCO	UNT FOR THE REP		OF	
	7/21/2018	THROUGH	7/27/2018			
X Signature				Date		
X				1000		
Signature			-0. 0.	Date		