## WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

ONLINE SUBMISSION

**Id: 200** [1237003]

Submitted on:

10/30/2020 06:39:37 (eastern)

OFFICE USE ONLY

Name 302 Tallahassee St Address		County Commissioner Dist 1  Office Sought  Eastpoint, FL 32328							
						City State Zip			Zip Code
						X Candidate	Political Committee		Party Executiv
		NOTE: This form does not appl waiver) that no reportable	y to an electioneering communi contributions or expenditures w						
Check here if address has	changed since last report.	Check	here if PC has DISB/	ANDED and will no	longer file				
TYPE OF REPORT	(Check Appropriate Box	x and Cor	nplete Applicable	Line beneath	Box)				
MONTHLY REPORT PRIMARY ELECTION		X GEN	GENERAL ELECTION OTHER REPORT TYPE						
Indicate report #	Indicate report #		report#	Indicate report	type and #				
M	P	G	_	as applicable:					
NOTIFICATION OF	TERMINATION REPORT		CIAL ELECTION	ORTING PERIO	) OF				
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Signature			() (( <del>)</del>	Date					
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EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaigr Political Committees: Chairman and Campaign								
	Party Executive Committees: Treasurer and Chairman (s. 106.29(2), F.S.)								