## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION 1d: 157 [1214020]

Submitted on:

7/1/2020 10:56:49 (eastern) OFFICE USE ONLY

Name 3746 Ft. Keis Ave. Address		Hendry Hospital Board Dist 3  Office Sought  Ft. Denaud, FL 33935			
				City	State Zip Code
				Candidate  NOTE: This form does not annu	Political Committee
				ere made during the reporting per	
Check here if address has	changed since last report.	Check here if PC has DISB reports.	ANDED and will no longer file		
TYPE OF REPORT	(Check Appropriate Box	x and Complete Applicabl	e Line beneath Box)		
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE		
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:		
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION	ORTING PERIOD OF		
no in leaning of		OUGH 6/26/2020	OKTINO TELLIDO OF		
x					
Signature			Date		
X					
Signature			Date		
EQUIRED SIGNATURES FOR:	Political Committees:	Treasurer or Deputy Treasurer (			
	Party Executive Committee Treasurer and Chairman	s:			
		there has been no activity in the a			