			ONLTNE	SUBMISS	STON	
WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			Id: 513 [1248649]			
			Submitted on: 8/31/2021 06:42:12 (eastern)			
			OFFICE USE ONLY			
Pamela Sue Eve	erett	Sc	hool Board, Dis	t 5		
Name			Office Sought			
16430 Seminole Blvd.			Brooksville, Fl 34601			
Address		City		State	Zip Code	
X Candidate	Political Committe	e	Party Executiv	ve Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has o	changed since last re	Construction of the second sec	ck here if PC has DISB orts.	ANDED and will no	longer file	
MONTHLY REPORT	PRIMARY ELEC Indicate report # P TERMINATION	Indica G	The report #	Indicate report as applicable:	EPORT TYPE	
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE REP		OF	
	8/1/2021	THROUGH	8/31/2021			
x						
Signature			-0.0	Date		
X						
Signature			-1 2	Date		
REQUIRED SIGNATURES FOR:	Political Committe Chairman and (Party Executive C	ees: Campaign Treasure	r or Deputy Treasurer (or Deputy Treasurer (s (2), F.S.)			
Except as noted above for an ECC received) the filing of the requi	red report is waived.		officer must be notified i			