WAIVER OF REPORT		· · · · · · · · · · · · · · · · · · ·	<b>SUBMIS</b> [1298719]	SION	
(Section 106.07(7), F.S.)		Submitted on:			
(PLEASE TYPE)		7/13/2023 23:29:15 (eastern) OFFICE USE ONLY			
Gina Marie Phillips	Sch	ool Board, Dist	z 4		
Name		Office Sought			
996 Hill Flower Dr.	Bro	Brooksville, Fl 34604			
Address	City	City State Zip Code		Zip Code	
Candidate Political Committee		Party Executiv	e Committee		
NOTE: This form does not apply to an electioneering comm waiver) that no reportable contributions or expenditure					
Check here if address has changed since last report.	Check	: here if PC has DISB/ ts.	ANDED and will no	longer file	
X MONTHLY REPORT PRIMARY ELECTION   Indicate report # Indicate report #   M M   M P   TERMINATION REPORT TERMINATION REPORT	Indicate G	report #	Indicate report as applicable:	type and #	
NOTIFICATION OF NO ACTIVITY IN CAMP		NT FOR THE REP		OF	
6/1/2023 T	HROUGH	6/30/2023			
x					
Signature		3 32	Date		
x					
Signature		2 8 <del>.</del>	Date		
Political Committees:	aign Treasurer o ittees:	or Deputy Treasurer (s r Deputy Treasurer (s ), F.S.)			
Except as noted above for an ECO, in any reporting period w received) the filing of the required report is waived. Howe reporting date that	hen there has be ever, the filing off	en no activity in the a icer must be notified in			