WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 309 [1222857]			
			Submitted on: 8/4/2020 15:06:30 (eastern) OFFICE USE ONLY			
						Gail Ann Ward
Name			Office Sought			
4627 Meadowview Road		Ма	Marianna, FL 32446			
Address		City		State	Zip Code	
X Candidate	Political Committee	e	Party Execu	tive Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last rep	Contraction of the second s	ck here if PC has DIS orts.	BANDED and will no	longer file	
TYPE OF REPORT	(Check Appropri	ate Box and Co	omplete Applicat	ole Line beneath	Box)	
MONTHLY REPORT			NERAL ELECTION	OTHER R	EPORT TYPE	
Indicate report #	Indicate report # P	Indica G	te report #	Indicate report as applicable:	type and #	
	TERMINATION I		PECIAL ELECTION			
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE RE		OF	
	7/25/2020	THROUGH	7/31/2020			
x						
Signature			-0 0 0	Date		
x						
Signature			-0 0	Date		
REQUIRED SIGNATURES FOR:	Candidates:		r or Deputy Treasurer	(s. 108.07(5), F.S.)		
		ampaign Treasurer	or Deputy Treasurer	(s. 106.07(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi	D, in any reporting peri red report is waived.		been no activity in the officer must be notified			