## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 327** [1208763]

Submitted on:

6/7/2020 13:38:22 (eastern)

OFFICE USE ONLY

Stacey B. Goodson  Name  4724 Cornerstone Lane  Address		School Board Member District 3  Office Sought  Marianna, FL 32446			
				City	State Zip Code
				X Candidate	Political Committee
		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 DI reports.	SBANDED and will no longer file		
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applica	ble Line beneath Box)		
X MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE		
Indicate report # M5	Indicate report #	Indicate report #	Indicate report type and # as applicable:		
NOTIFICATION OF	TERMINATION REPORT		EPORTING PERIOD OF		
	5/1/2020 THR	OUGH 5/31/2020	0		
x		<u></u>			
Signature			Date		
X					
Signature			Date		
EQUIRED SIGNATURES FOR:		n Treasurer or Deputy Treasure	er (s. 106.07(5), F.S.)		
	Political Committees: Chairman and Campaign Party Executive Committee Treasurer and Chairman		r (s. 108.07(5), F.S.)		
		there has been no activity in the filing officer must be notified	e account (no funds expended or ed in writing on the prescribed		