## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 344** [1273468]

Submitted on:

8/4/2022 11:11:05 (eastern) **OFFICE USE ONLY** 

Name  1411 Blueberry Dr  Address		County Commissioner District 4  Office Sought  Sneads, FL 32460  City State Zip Code					
				X Candidate	Political Committee	_	tive Committee
					ly to an electioneering communi contributions or expenditures w		
				Check here if address has	changed since last report.	Check here if PC has DIS reports.	BANDED and will no longer file
TYPE OF REPORT	(Check Appropriate Box	x and Complete Applicat	ole 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		PORTING PERIOD OF				
	7/23/2022 THR	OUGH 7/29/2022					
x	-						
Signature			Date				
X							
Signature			Date				
REQUIRED SIGNATURES FOR:  Candidates:  Candidate and Campaign Treasurer or Deputy Treasurer (see Political Committees:  Chairman and Campaign Treasurer or Deputy Treasurer (see Political Committees)							
	Party Executive Committee Treasurer and Chairman	·5:	(-)				
	O, in any reporting period when ired report is waived. However,	the filing officer must be notified	account (no funds expended or d in writing on the prescribed				