

# WAIVER OF REPORT

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

(PLEASE TYPE)

AARON BABB

OFFICE USE ONLY

293

Candidate's Name (Last, Suffix, First, Middle)  
OR Political Committee, CCE or Party Name

LEE MEMORIAL HEALTH SYSTEM-2  
Identification Number (Assigned by Division  
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or  
Group Number)

City State Zip Code

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report.                    |
| <input type="checkbox"/> Political Committee  | <input type="checkbox"/> Party Executive Committee         | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

## TYPE OF REPORT (Check Appropriate Box)

### QUARTERLY REPORTS

- January  
 April  
 July  
 October

### PRIMARY ELECTION

- 32nd day prior  
 18th day prior  
 4th day prior

### GENERAL ELECTION

- 46th day prior  
 32nd day prior  
 18th day prior  
 4th day prior

TERMINATION REPORT

SPECIAL ELECTION

## NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

9/11/2010 through 9/24/2010 ( G2 )

**X**

Signature

Date

**SIGNATURES REQUIRED FOR:** **Candidates**  
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  
**Political Committees**  
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)  
**Committees of Continuous Existence**  
Treasurer (s. 106.04(4)(c), F.S.)  
**Party Executive Committees**  
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.