

WAIVER OF REPORT

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

(PLEASE TYPE)

OFFICE USE ONLY

LOUIS SCOMA

405

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

Identification Number (Assigned by Division
of Elections)

4504 S W 22ND PL

LEE MEMORIAL HEALTH SYSTEM-1

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

CAPE CORAL, FL 33914

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

PRIMARY ELECTION

GENERAL ELECTION

- January
 April
 July
 October

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

- 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

4/1/2012 through 9/6/2012 (TRQ)

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.