WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 1603 [1232583]

Submitted on:

9/30/2020 10:04:36 (eastern)

OFFICE USE ONLY

JESSICA CARTER PEER Name 4403 WATERCOLOR WAY		LEE MEMORIAL HEALTH SYSTEM-5 Office Sought FORT MYERS, FL 33966					
				Addre	ess	City	State Zip Code
				X Candidate	Political Committee	Party Exe	cutive 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 D reports.	ISBANDED and will no longer file				
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applic	able Line beneath Box)				
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE				
Indicate report #	Indicate report #	Indicate report #	Indicate report type and #				
M	P	G	as applicable: 20G4				
NOTIFICATION OF	TERMINATION REPORT						
	9/26/2020 THR	OUGH 10/2/202	20				
X		-					
Signature		0 8-	Date				
X							
Signature			Date				
EQUIRED SIGNATURES FOR:		n Treasurer or Deputy Treasur	rer (s. 108.07(5), F.S.)				
	Party Executive Committee		er (s. 106.07(5), F.S.)				
		there has been no activity in t the filing officer must be notifi	the account (no funds expended or fied in writing on the prescribed				