			ONLINE	SUBMIS	SION	
WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			Id: 436 [1100111]			
			3/10/2016 11:29:05 (eastern) OFFICE USE ONLY			
		59	OFFI	CE USE ONLY		
John B Ray			Captial Regional CDD Seat 4			
Name			Office Sought			
3639 Mossy Creek Ln		Ta	Tallahassee, FL 32311			
Address		City		State	Zip Code	
X Candidate	Political Committe	e	Party Executi	ve Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has o	changed since last re	Contraction of the second s	ck here if PC has DISE orts.	ANDED and will no	longer file	
Indicate report # M	Indicate report # P TERMINATION	G	PECIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE REF		OF	
	2/1/2016	THROUGH	2/29/2016			
x						
Signature			-8 8	Date		
x				1.1.1.1.1.1.1.1		
Signature			-2 15	Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and Political Committe Chairman and C Party Executive C	ees: Campaign Treasurer	r or Deputy Treasurer (or Deputy Treasurer ((2), F.S.)	(s. 106.07(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi), in any reporting per red report is <mark>wa</mark> ived.	iod when there has	been no activity in the officer must be notified			