WAIVER OF REPORT (Section 106.07(7), F.S.)		ONLINE	SUBMISS	SION
		Submitted on:		
(PLEASE TYPE)		12/20/2021 23:44:42 (eastern) OFFICE USE ONLY		
Laura Mott	Co	ounty Commission	Dist. 4	
Name		Office Sought		
P. O. Box 3054		Chiefland, FL 32644		
Address			State	Zip Code
Candidate Political C	ommittee	Party Executiv	e Committee	
NOTE: This form does not apply to an electio waiver) that no reportable contributions of				
Check here if address has changed since		ck here if PC has DISB/ ports.	ANDED and will no	longer file
Indicate report # Indicate report M P TERMIN	G	te report #	Indicate report as applicable:	type and #
NOTIFICATION OF NO ACTIVIT	TY IN CAMPAIGN ACCO	OUNT FOR THE REP		OF
12/1/2	2021 THROUGH	12/31/2021		
x				
Signature		-0. 0.	Date	
x				
Signature		-0 0	Date	
Political Co Chairma Party Exec	ate and Campaign Treasure	r or Deputy Treasurer (s		
Except as noted above for an ECO, in any report received) the filing of the required report is w	ting period when there has	been no activity in the a officer must be notified i		