WAIVER OF REPOR (Section 106.07(7), F.S.) (PLEASE TYPE)	۲T	Id: 118 Submitted or 10/8/2016 19	SUBMISSION [1129697] h: 9:47:59 (eastern) CEUSE ONLY	
Mike T. Yon	Ме	mber, Board of	County Commissioners,	
Dist. 3 Name		Office Sought		
17257 NW County Road 12	Ві	ristol, FL 32	321	
Address	City		State Zip Code	
X Candidate Political Comm	nittee	Party Executi	ve Committee	
NOTE: This form does not apply to an electioneer waiver) that no reportable contributions or ex				
Check here if address has changed since last report. Check here if PC has DISBANDED and will no longer file reports.				
Indicate report # Indicate report # M P TERMINATIO	G_G4	te report #	Indicate report type and # as applicable:	
NOTIFICATION OF NO ACTIVITY II 10/1/201		OUNT FOR THE REP 10/7/2016	PORTING PERIOD OF	
x		-3 10		
Signature			Date	
X		-0 0	1.44520.00	
Political Comm Chairman ar Party Executive	ittees: nd Campaign Treasure	r or Deputy Treasurer (r or Deputy Treasurer (: (2), F.S.)		
Except as noted above for an ECO, in any reporting received) the filing of the required report is waive reporting		officer must be notified		