WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 134 [1122039]

Submitted on:

8/22/2016 09:36:22 (eastern)

OFFICE USE ONLY

ist. 5 Name		Member, Board of County Commissioners,			
Name Name		Office Sought Hosford, FL 32321			
35700 NW Count					
Addre	ess	City		State	Zip Code
X Candidate	Political Committee	Part	y Executive Comm	ittee	
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 reports.	has DISBANDED	and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	x and Complete A	pplicable Line	beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELE	CTION	OTHER RI	PORT TYPE
Indicate report #	Indicate report #	Indicate report #		ate report plicable:	type and #
NOTIFICATION OF	TERMINATION REPORT			S PERIOD) OF
	8/6/2016 THR	OUGH 8/12/	/2016		
x		-			
Signature			D	ate	
X			Date		
	Signature		D		
S	Candidates: Candidate and Campaign	Treasurer or Deputy T		(5), F.S.)	
	Candidates:	Treasurer or Deputy Tr	reasurer (s. 108.07		