			ONT.TNF	SUBMIS	STON	
WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			Id: 1943 [1242789]			
			Submitted on: 2/1/2021 10:29:41 (eastern) OFFICE USE ONLY			
						Carol Ann Felt
Name 6055 County Rd 675		12 6	Office Sought Myakka City, FL 34251			
		Му				
Address		City		State	Zip Code	
X Candidate	Political Committee		Party Execu	itive Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has	changed since last repo		ck here if PC has DIS orts.	BANDED and will no	longer file	
MONTHLY REPORT	PRIMARY ELECT	Indicat G	PECIAL ELECTION	Indicate report as applicable:	type and #	
					DOF	
NOTIFICATION OF					bor	
<u>.</u>	10/17/2020	THROUGH	10/29/202	0		
X						
Signature			5.6 V.C	Date		
X						
Signature				Date		
REQUIRED SIGNATURES FOR:	Political Committee Chairman and Ca Party Executive Cor	s: impaign Treasurer m mittee s:	or Deputy Treasurer	r (s. 106.07(5), F.S.) (s. 106.07(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi), in any reporting perio red report is waived. He		ficer must be notifie			