WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 404 [1147421] Submitted on: 1/2/2018 17:40:03 (eastern) OFFICE USE ONLY			
						PETE ANDERSON
Name		10. 65	Office Sought			
6101 NE 25TH AVE		00	OCALA, FL 34479			
Address		City		State	Zip Code	
X Candidate	Political Committee	•	Party Executiv	ve Committee		
NOTE: This form does not apply waiver) that no reportable of						
Check here if address has o	hanged since last rep	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ck here if PC has DISB orts.	ANDED and will no	longer file	
Indicate report # M	Indicate report # P TERMINATION F	G	PECIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE REP	ORTING PERIOD	OF	
	12/1/2017	THROUGH	12/31/2017	•		
x						
Signature			-0.0	Date		
x						
Signature			-2 0-	Date		
REQUIRED SIGNATURES FOR:	Political Committee Chairman and C Party Executive Co	es: Jampaign Treasurer	r or Deputy Treasurer (or Deputy Treasurer ((2), E.S.)			
Except as noted above for an ECC received) the filing of the requir	, in any reporting peri ed report is <mark>waived.</mark>	od when there has	been no activity in the a			