WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 409 [1207172]

Submitted on:

5/11/2020 16:59:37 (eastern)

OFFICE USE ONLY

COMMITTEE TO	IMPROVE MARION C	OUNTY OM	MITTEES			
Name 5184 SE 20TH ST Address			Office Sought			
		OCALA, FL 34480				
		City		State	Zip Code	
Candidate	X Political Committee		Party Executiv	ve Committee		
NOTE: This form does not appl waiver) that no reportable	y to an electioneering commun contributions or expenditures v					
Check here if address has	changed since last report.	Check	here if PC has DISB. ts.	ANDED and will no	longer file	
TYPE OF REPORT	(Check Appropriate Bo	x and Cor	nplete <mark>Applicabl</mark>	e Line beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	GEN	ERAL ELECTION	OTHER R	EPORT TYPE	
Indicate report # M4	Indicate report #	Indicate G	report#	Indicate report as applicable:	type and #	
	TERMINATION REPORT		CIAL ELECTION		.02	
NOTIFICATION OF	4/1/2020 THE		4/30/2020	ORTING PERIO	O OF	
X	1/ 1/ 2020 THR	OUGH	4/30/2020			
Signature			i (i 	Date		
X						
Signature				Date		
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaig Political Committees: Chairman and Campaign					
	Party Executive Committee Treasurer and Chairman	es:				
Except as noted above for an ECC received) the filing of the requi		, the filing of	icer must be notified i			