WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 409 [1189602]

Submitted on:

7/8/2019 20:48:36 (eastern)

OFFICE USE ONLY

COMMITTEE TO	IMPROVE MARION CO	OUNTY OMM	IITTEES			
Name			Office Sought			
5184 SE 20TH ST		OCALA, FL 34480				
Addre	ess	City		State	Zip Code	
	X Political Committee		Party Executiv			
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 has DISB. s.	ANDED and will no	longer file	
TYPE OF REPORT	(Check Appropriate Bo	x and Com	plete Applicable	e Line beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	GEN	ERAL ELECTION	OTHER R	EPORT TYPE	
Indicate report # M6	Indicate report #	Indicate	report#	Indicate report as applicable:	type and #	
NOTIFICATION OF	TERMINATION REPORT		CIAL ELECTION	ORTING PERIO) OF	
	5 /1 /0010	OUGH	6/30/2019			
X						
Signature			98	Date		
X						
Signature			(b)	Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaigr 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		there has be	en no activity in the a cer must be notified i			