WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 409 [1160034] Submitted on: 7/9/2018 08:38:55 (eastern) OFFICE USE ONLY			
COMMITTEE TO	IMPROVE MARION	COUNTYOM	MITTEES			
Name			Office Sought			
5184 SE 20TH ST		002	OCALA, FL 34480			
Address		City		State	Zip Code	
Candidate	Political Committee		Party Executiv	ve Committee		
NOTE: This form does not apply waiver) that no reportable	contributions or expenditure	es were made d		riod (s. 106.0703(6), F.S.).	
Indicate report #	Indicate report # P P TERMINATION REPO	G	CIAL ELECTION	Indicate report as applicable:	type and #	
	NO ACTIVITY IN CAMP	AIGN ACCOU	UNT FOR THE REP	ORTING PERIO	D OF	
Signature			0 (i .	Date		
x						
Signature			0	Date		
REQUIRED SIGNATURES FOR: Except as noted above for an ECC received) the filing of the requi	Party Executive Commi Treasurer and Chairn D, in any reporting period w	aign Treasurer (ittees: nan (s. 108.29(2 hen there has b	or Deputy Treasurer (s ?), F.S.) een no activity in the a	s. 106.07(5), F.S.) account (no funds e		