## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 409** [1219616]

Submitted on:

7/24/2020 13:31:35 (eastern)

OFFICE USE ONLY

	IMPROVE MARION C	OOM I KOMM				
Name 5184 SE 20TH ST			Office Sought OCALA, FL 34480			
		OCAI				
Addre	ess	City		State	Zip Code	
Candidate	X Political Committee		Party Executiv	ve Committee		
NOTE: This form does not apply waiver) that no reportable	y to an electioneering communicontributions or expenditures w					
Check here if address has o	changed since last report.	Check i	here if PC has DISB. s.	ANDED and will no	longer file	
TYPE OF REPORT	(Check Appropriate Bo	x and Com	plete Applicabl	e Line beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	GENE	ERAL ELECTION	OTHER R	EPORT TYPE	
Indicate report #	Indicate report #	Indicate r	eport#	Indicate report	type and #	
M	P	G		as applicable:		
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG		IT FOR THE REP	ORTING PERIO	O OF	
	7/11/2020 THR	OUGH	7/17/2020			
X			er			
Signature			Date			
X						
Signature			Date			
QUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees:	n Treasurer or	Deputy Treasurer (	s. 108.07(5), F.S.)		
	Chairman and Campaign Party Executive Committee	es:		s. 106.07(5), F.S.)		
xoept as noted above for an ECC received) the filing of the requi		there has bee	en no activity in the a per must be notified i			