WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 1489 [1126134]

Submitted on: 9/9/2016 20:26:38 (eastern) OFFICE USE ONLY

Name			Office Sought				
18820 Wentwort	th Dr.	Hial	eah, FL	33015			
	North Control of the				01-1-	7:- 0 - 4-	
Addre	ess	City			State	Zip Code	
Candidate	X Political Committee		Party Exe	ecutive Com	mittee		
NOTE: This form does not apply waiver) that no reportable	y to an electioneering comm contributions or expenditure					Control of the Contro	
Check here if address has	changed since last report.	Check h	ere if PC has [DISBANDED	and will no	longer file	
TYPE OF REPORT	(Check Appropriate E	Box and Com	plete Applic	able Line	beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	GENE	RAL ELECTIO	N X	OTHER R	EPORT TYPE	
Indicate report #	Indicate report #	Indicate re	eport#			type and #	
M	P	G		as a	pplicable: 16G2		
NOTIFICATION OF	TERMINATION REPO		T FOR THE		IG PERIOI	O OF	
NOTIFICATION OF	NO ACTIVITY IN CAMPA			REPORTIN	IG PERIOI	O OF	
	NO ACTIVITY IN CAMPA	AIGN ACCOUN	T FOR THE	REPORTIN	IG PERIOI	O OF	
x	NO ACTIVITY IN CAMPA	AIGN ACCOUN	T FOR THE	REPORTIN	IG PERIOI	O OF	
X s	NO ACTIVITY IN CAMPA	AIGN ACCOUN	T FOR THE	REPORTIN		O OF	
X X	NO ACTIVITY IN CAMPA	AIGN ACCOUN	T FOR THE	REPORTIN		D OF	
X X	9/3/2016 The	AIGN ACCOUN	9/16/20:	REPORTIN	Date Date	D OF	
X X	NO ACTIVITY IN CAMPA 9/3/2016 TH Signature Gignature Candidates:	AIGN ACCOUNTROUGH	7 FOR THE PORT OF	REPORTIN	Date Date 07(5), F.S.)	O OF	