WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 1489 [1137469]

Submitted on:

12/12/2016 20:33:57 (eastern)

OFFICE USE ONLY

Name			Office Sought				
18820 Wentwort	th Dr.	Hia	leah, F	L 33015			
Addre	ess	City			State	Zip Code	
Candidate	Political Committee		Party E	Executive Co	mmittee		
NOTE: This form does not apply waiver) that no reportable							
Check here if address has	changed since last report.	X Check report		s DISBANDE	ED and will no	longer file	
TYPE OF REPORT	(Check Appropriate	Box and Con	plete App	licable Lir	ne beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	N GEN	ERAL ELECT	ION	OTHER R	EPORT TYPE	
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