## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 863** [1168186]

Submitted on: 8/17/2018 11:07:10 (eastern) OFFICE USE ONLY

Name			Office Sought					
						53		
215 Romano Ave	enue	Co	oral	Gables,	FL	33134		
Addre	ess	City				State	Zip Code	
Candidate	X Political Committee	2		Party Execu	tive C	ommittee		
NOTE: This form does not apply waiver) that no reportable								
Check here if address has	changed since last rep	C100000 C C C C C C C C C C C C C C C C	ck here	e if PC has DIS	BAND	ED and will no	o longer file	
TYPE OF REPORT	(Check Appropria				ble Li		Box)	
MONTHLY REPORT	PRIMARY ELEC	IION G	ENERA	L ELECTION		OTHER R	EPORT TYPE	
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MP			G			as applicable: 18P6		
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NOTIFICATION OF  X  S  X	TERMINATION F NO ACTIVITY IN CA 8/4/2018  Signature  Candidates: Candidate and C	AMPAIGN ACCO	8	FOR THE RE	POR	TING PERIO		
NOTIFICATION OF  X  S	TERMINATION F NO ACTIVITY IN CA 8/4/2018  Signature  Candidates: Candidate and C Political Committee	Campaign Treasure	8 or De	FOR THE RE	POR	Date Date		