WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 446 [1151878]

Submitted on:

4/4/2018 11:25:50 (eastern) OFFICE USE ONLY

Phillip L Goodman Name		Mosquito Control Board, Dist 2 Office Sought					
							23088 Bluegill
Address		City			State Zip Code		
X Candidate	Political Committee		Party Ex	ecutive (Committee		
NOTE: This form does not appl waiver) that no reportable	y to an electioneering communic contributions or expenditures w						
Check here if address has	changed since last report.	Check h		DISBAN	IDED and will no	longer file	
TYPE OF REPORT	(Check Appropriate Box	and Com	plete Appli	cable l	Line beneath	Box)	
MONTHLY REPORT	PRIMARY ELECTION	GENE	RAL ELECTION	<u>ON</u>	OTHER R	EPORT TYPE	
Indicate report #	Indicate report #	Indicate report #			Indicate report type and # as applicable:		
NOTIFICATION OF	TERMINATION REPORT		IAL ELECTIO		DTING DEDICI	0.0E	
NOTIFICATION OF	4 /1 /0010	OUGH	4/30/20		KTING PERIOL	OF	
x	THE						
Signature			-		Date		
X							
Signature			® 		Date		
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees:						
	Chairman and Campaign Party Executive Committee Treasurer and Chairman	s:		arer (S. 1	uo.u/(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi		there has been	n no activity in er must be no				