WAIVER OF REPORT

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

(PLEASE TYPE)

RECEIVIED

2016 SEP -7 PM 4: 2]

CITY CLUMES OFFICE OFFICE USE ONLY

Beach Residents for Quali	ty of Life			
Name		Office Sought		
P.O. Box 1701		Tallahassee	FL	32302
Addre	ess	City	State	Zip Code
Candidate	Political Committee Party Executive Committee	√ Electioneer	ring Communications	Organization
Check here if address has	changed since last report. (Check Appropriate Box	Check here if PC or ECC longer file reports.		
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	 1	PORT TYPE
Indicate report # M_8	Indicate report #	Indicate report #	Indicate repor as applicable:	t type and #
	☐ TERMINATION REPORT	SPECIAL ELECTION		
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	N ACCOUNT FOR THE RE	EPORTING PERIO	D OF
\ Aug û st 1, 20	16 THRO	OUGH August 31, 2016		
x harberen	_		kmbik 2011	.
/ Village in the	Signature		k m b: k 2016 Date	<u> </u>
X	Signature Signature			

report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.