WAIVER OF REPORT			ONLINE SUBMISSION Id: 4 [1145567]			
(Section 106.07(7), F.S.)			Submitted on:			
(PLEASE TYPE)			10/23/2017 11:38:59 (eastern) OFFICE USE ONLY			
Deach Deaddor	ta for Quali					
Beach Residents for Quality of Name		ty of Life	Office Sought			
P.O. Box 1701			Tallahassee, FL 32302			
Address				State	Zip Code	
_		City			6	
Candidate	X Political Committee	14	Party Execut	tive Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last repo		ck here if PC has DIS orts.	BANDED and will no	longer file	
MONTHLY REPORT	PRIMARY ELECT Indicate report # P TERMINATION R	Indica G	e report #	Indicate report as applicable:	EPORT TYPE	
NOTIFICATION OF	NO ACTIVITY IN CA	MPAIGN ACCO	UNT FOR THE RE	PORTING PERIO	OF	
	10/7/2017	THROUGH	10/20/201	7		
X			-0 0			
Signature				Date		
X						
Signature				Date		
REQUIRED SIGNATURES FOR:	Political Committee	s:	r or Deputy Treasurer or Deputy Treasurer			
	Party Executive Con Treasurer and Ch	mmittees: hairman (s. 106.29	(2), F.S.)			
Except as noted above for an ECC received) the filing of the requi	D, in any reporting perio red report is waived. H	d when there has	been no activity in the officer must be notified			

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