WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE Id: 4	SUBMIS [1142419]	SION	
			Submitted on:			
			6/5/2017 10:51:20 (eastern) OFFICE USE ONLY			
Beach Residents for Quality of		ty of Life.	Lifemmittee Office Sought			
Name						
P.O. Box 1701		Ta	Tallahassee, FL 32302			
Address		City		State	Zip Code	
Candidate	X Political Committee	2	Party Execut	ive Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has o	changed since last rep	Contraction of the second s	ck here if PC has DISE orts.	BANDED and will no	longer file	
MONTHLY REPORT	PRIMARY ELECT		ENERAL ELECTION	Indicate report as applicable:	EPORT TYPE	
	TERMINATION F		PECIAL ELECTION			
NOTIFICATION OF	NO ACTIVITY IN CA	AMPAIGN ACCO	UNT FOR THE REP	PORTING PERIO	DOF	
	5/1/2017	THROUGH	5/31/2017			
v						
X Signature			-3 6	Date		
X				Dute		
Signature			-2 0	Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and C Political Committee Chairman and C Party Executive Co	es: ampaign Treasurer	r or Deputy Treasurer or Deputy Treasurer ((s. 106.07(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi), in any reporting perio red report is <mark>wa</mark> ived. H	od when there has	been no activity in the officer must be notified			

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