(Section 106.07(7), F.S.)			ONLINE SUBMISSION Id: 4 [1144119] Submitted on: 9/1/2017 09:17:24 (eastern)			
			OFFICE USE ONLY			
Beach Resider	nts for Qual:	ity of Life	nmittee			
Name			Office Sought			
P.O. Box 1701			Tallahassee, FL 32302			
Address		City		State	Zip Code	
Candidate	Political Committe	e	Party Execution	ve Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last rep		sk here if PC has DISB orts.	ANDED and will no	longer file	
Indicate report # MM	Indicate report # P TERMINATION	G	ECIAL ELECTION	Indicate report as applicable:	type and #	
NOTIFICATION OF	NO ACTIVITY IN C	AMPAIGN ACCO	UNT FOR THE REP	ORTING PERIO	OF	
	8/1/2017	THROUGH	8/31/2017			
X				Data		
Signature				Date		
Signature			d 8 <u></u>	Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and (Political Committe Chairman and C Party Executive Co	es: Campaign Treasurer	or Deputy Treasurer (or Deputy Treasurer (2), F.S.)	s. 106.07(5), F.S.)		
Except as noted above for an ECC received) the filing of the requi	red report is waived.		fficer must be notified			

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