		ONLINE	SUBMIS	STON	
(Section 106.07(7), F.S.)		<b>Id: 1157</b> [1284972] Submitted on: 10/24/2022 19:42:58 (eastern)			
(PLEASE TYPE)					
	50	OFFICE USE ONLY			
Robert A. Lynn	Scl	nool Board Dis	t. 3		
Name		Office Sought			
5832 Malcross Drive	Or	Orlando, FL 32812			
Address	City		State	Zip Code	
Candidate Political Committee		Party Execut	tive Committee		
NOTE: This form does not apply to an electioneering com waiver) that no reportable contributions or expenditu					
Check here if address has changed since last report. Check here if PC has DISBANDED and will no longer file reports.					
Indicate report # Indicate report # M P TERMINATION REP	G_G	e report #	Indicate report as applicable:	type and #	
NOTIFICATION OF NO ACTIVITY IN CAM	PAIGN ACCO	UNT FOR THE RE	PORTING PERIO	DOF	
10/14/2022	THROUGH	10/21/202	2		
		-			
X		-0	5-4		
Signature			Date		
X		a a <u></u>			
Signature REQUIRED SIGNATURES FOR: Candidates:			Date		
Candidate and Cam Political Committees:		or Deputy Treasurer			
Party Executive Comm Treasurer and Chair		2), F.S.)			
Except as noted above for an ECO, in any reporting period v received) the filing of the required report is waived. How reporting date th	when there has t vever, the filing o	peen no activity in the fficer must be notified			