WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 601 [1297260]

Submitted on:

6/10/2023 13:51:08 (eastern)

OFFICE USE ONLY

Chris Robertson Name PO BOX 701587 Address		St Cloud Mayor City Council Member Seat Office Sought St. Cloud, FL 34770							
						City		State	Zip Code
						X Candidate	Political Committee		Party Executiv
		NOTE: This form does not appl waiver) that no reportable	y to an electioneering communi contributions or expenditures w						
Check here if address has	changed since last report.	Chec	k here if PC has DISB/ orts.	ANDED and will no	longer file				
TYPE OF REPORT	(Check Appropriate Box	k and Co	mplete Applicable	e Line beneath	Box)				
MONTHLY REPORT	PRIMARY ELECTION	GE	NERAL ELECTION	OTHER RE	EPORT TYPE				
Indicate report # M5	Indicate report #	Indicate G	e report#	Indicate report as applicable:	type and #				
NOTIFICATION OF	TERMINATION REPORT		ECIAL ELECTION	ORTING PERIOD	OF				
	5/1/2023 THR	OUGH	5/31/2023						
x									
Signature				Date					
X									
Signature			Date						
QUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees: Chairman and Campaign								
	Party Executive Committee Treasurer and Chairman		2), F.S.)						
xcept as noted above for an ECC received) the filing of the requi), in any reporting period when red report is waived. However,	the filing of	fficer must be notified in						