WAIVER OF REPORT

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

(PLEASE TYPE)

Id: 142

(PLEASE TYPE)			OFFICE USE ONLY			
Polk County (litizens for S	ingle Meml	deroDistrict	≫ ns for Sing	le Member	
stricts Name			Office Sought			
3310 Fox Ridge	e Dr.	Wi	nter Haven,	FL 33884		
Addre	ess	City		State	Zip Code	
Candidate	Political Committee		Party Execu	tive Committee		
NOTE: This form does not apply waiver) that no reportable						
Check here if address has o	changed since last report	. Chec	k here if PC has DIS orts.	BANDED and will no	longer file	
TYPE OF REPORT	(Check Appropriat	e Box and Co	mplete Applicat	ole Line beneath	Box)	
X MONTHLY REPORT	PRIMARY ELECTION		NERAL ELECTION		EPORT TYPE	
Indicate report #	Indicate report #	Indicate G	e report#	Indicate report as applicable:	type and #	
NOTIFICATION OF	TERMINATION RE		ECIAL ELECTION	DODTING DEDIG	D OF	
NOTIFICATION OF	8/1/2019	THROUGH	8/31/2019		D OI	
x	,					
Signature			V) 1/2	Date		
X						
Signature			-XI - XI-	Date		
QUIRED SIGNATURES FOR:	Political Committees: Chairman and Can Party Executive Com	: npaign Treasurer mittees:	or Deputy Treasurer			
cept as noted above for an ECC received) the filing of the requi	red report is waived. Ho	when there has b	een no activity in the			