WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 8 [11

[1182524]

Submitted on:

1/13/2019 06:14:25 (eastern)
OFFICE USE ONLY

Democratic Cl	ub of St. Lucie	County litical	Committee	es	
Nam	Office Sought				
PO Box 9137		Port St.	Lucie,	FL 34985	
Addre	ess	City		State	Zip Code
NOTE: This form does not apply	Political Committee y to an electioneering communicontributions or expenditures	nications organization		O must file a rep	
Check here if address has o	changed since last report.	Check here if F reports.	°C has DISBAI	NDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Bo	ox and Complete	Applicable	Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL E	LECTION	OTHER R	EPORT TYPE
Indicate report # M12 M	Indicate report #	Indicate report #		Indicate report as applicable:	type and #
NOTIFICATION OF	TERMINATION REPOR			RTING PERIO	D OF
	12/1/2018 THE	ROUGH 12/	31/2018		
x					
X	ignature			Date	
S		Date			
QUIRED SIGNATURES FOR:	Candidates: Candidate and Campaig Political Committees: Chairman and Campaig				
	Party Executive Committe Treasurer and Chairman	es:			
coept as noted above for an ECC received) the filing of the require	red report is waived. Howeve				