WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

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Submitted on:

9/8/2017 13:45:31 (eastern)

OFFICE USE ONLY

Pat Patterson Name		County Counc	cil Member,	Distric	t 1
		Office Sought			
396 Lake Charl	les Road	DeLand, FI	32724		
Address		City		State	Zip Code
X Candidate	Political Committee	Party	Executive Comm	ittee	
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.	Check here if PC h reports.	as DISBANDED a	and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	x and Complete App	plicable Line I	beneath	Box)
MONTHLY REPORT PRIMARY ELECTION		GENERAL ELEC	L ELECTION OTHER REPORT TYPE		
Indicate report # M8	Indicate report #	Indicate report #		te report plicable:	type and #
NOTIFICATION OF	TERMINATION REPORT			PERIOR) OF
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X	0/1/201/	OUGH 8/31/2			
Signature			D	ate	
X					
5		Date			
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaigr Political Committees:				
	Chairman and Campaign Party Executive Committee Treasurer and Chairman	s:	asurer (s. 106.07(5), F.S.)	
Except as noted above for an ECC received) the filing of the requi		there has been no activity the filing officer must be			