## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 499** [1181354]

Submitted on:

12/10/2018 10:04:28 (eastern)

OFFICE USE ONLY

Michael Ray		West Volusia Hospital Authority - Group			
Address  Name  423 Victoria Hills Drive  Address		Office Sought  DeLand, FL 32724			
		X Candidate	Political Committee	Party Executive Committee	
NOTE: This form does not appl waiver) that no reportable	ly to an electioneering communic contributions or expenditures we				
Check here if address has	changed since last report.	Check	here if PC has DISB/ ts.	ANDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	c and Cor	nplete Applicable	Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GEN	GENERAL ELECTION X OTHER REPORT TYPE		
Indicate report #	Indicate report #	Indicate	Indicate report # Indicate report type and #		type and #
м	P	G	as applicable: TRG		
	TERMINATION REPORT		CIAL ELECTION	tult wow.	1072
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	N ACCOU	NT FOR THE REP	ORTING PERIO	OF
	1/1/2017 THRO	OUGH _	12/31/2018		
X	1/1/2017 THRO	OUGH _	12/31/2018		
X	1/1/2017 THRO	OUGH _	12/31/2018	Date	
X	Tillico	OUGH _	12/31/2018	Date	
X	Tillico	OUGH _	12/31/2018	Date Date	
X	Signature Signature  Candidates:  Candidate and Campaign		8 E	Date	
X	Signature Signature Candidates:	Treasurer o	or Dep <mark>u</mark> ty Treasu <mark>r</mark> er (s	Date . 106.07(5), F.S.)	