## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 539** [1167789]

Submitted on:

8/16/2018 10:11:35 (eastern)

OFFICE USE ONLY

Lambert James Anderson  Name  464 Western Ave.  Address		Pierson Council Seat 1  Office Sought  Pierson, FL 32180							
						City		State Zip Code	
						X Candidate	Political Committee		Party Executiv
		NOTE: This form does not appl waiver) that no reportable	ly 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	ENERAL ELECTION OTHER REPORT TYPE						
Indicate report #  M P		Indicate	e report#	t# Indicate report type and # as applicable:					
NOTIFICATION OF	TERMINATION REPORT		ECIAL ELECTION	ORTING PERIO	) OF				
		OUGH	8/10/2018						
x									
Signature			∜ 0 <del>.</del>	Date					
X									
3		Date							
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees: Chairman and Campaign Party Executive Committee	Treasurer	or Deputy Treasurer (s						
xcept as noted above for an EC0 received) the filing of the requi	Treasurer and Chairman  O, in any reporting period when ired report is waived. However, reporting date that no	there has b	een no activity in the a						