WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 601 [1198890]

Submitted on:

2/5/2020 15:38:34 (eastern)

OFFICE USE ONLY

Name 860 Carter Rd. Address		Office Sought DeLand, FL 32724							
						City State Zip			Zip Code
						X Candidate	Political Committee		Party Executiv
		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.	Chec	k here if PC has DISB/ rts.	ANDED and will no	longer file				
TYPE OF REPORT	(Check Appropriate Box	k and Co	mplete Applicable	Line beneath	Box)				
MONTHLY REPORT PRIMARY ELECTION		GE GE	GENERAL ELECTION OTHER REPORT TYPE						
Indicate report # M	Indicate report #	Indicate G	report#	Indicate report as applicable:	type and #				
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NOTIFICATION OF	1/1/2020 THE		1/31/2020	ORTING PERIOL) OF				
x	1/1/2020 THR	OUGH	1/31/2020						
Signature			0 0	Date					
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Signature			Date						
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees: Chairman and Campaign								
	Party Executive Committee Treasurer and Chairman		2), F.S.)						