WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 672 [1224322]

Submitted on:

8/9/2020 00:03:24 (eastern)

OFFICE USE ONLY

Judith Craig eat 3 Name 1835 Anchor Avenue Address		West Volusia Hospital Authority - Group Office Sought DeLand, FL 32720			
				City	State Zip Code
				X Candidate	Political Committee
		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 has DI reports.	SBANDED and will no longer file		
TYPE OF REPORT	(Check Appropriate Box	x and Complete Applica	ble Line beneath Box)		
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE		
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:		
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION	EPORTING PERIOD OF		
	6/27/2020 THR	OUGH 7/10/2020	0		
x		**************************************			
Signature			Date		
X					
Signature			Date		
EQUIRED SIGNATURES FOR:	Political Committees:	Treasurer or Deputy Treasure			
	Chairman and Campaign Treasurer or Deputy Treasurer (s. 108.07(5), F.S.) Party Executive Committees: Treasurer and Chairman (s. 108.29(2), F.S.)				
	O, in any reporting period when ired report is waived. However,	there has been no activity in th	ne account (no funds expended or ed in writing on the prescribed		