WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)		ONLINE SUBMISSION Id: 672 [1224324] Submitted on: 8/9/2020 00:04:57 (eastern) OFFICE USE ONLY									
						Judith Craig		West Volu	usia Hospit	tal Authorit	y - Group A
						Seat 3 Name		Office Sought			
1835 Anchor Avenue		DeLand, FL 32720									
Address		City		State	Zip Code						
X Candidate Political	Committee		Party Executive	Committee							
NOTE: This form does not apply to an elect waiver) that no reportable contribution											
Check here if address has changed sin	ice last report.	Check here if reports.	PC has DISBAI	NDED and will no	longer file						
Indicate report # Indicate re MP		GENERAL E	•	Indicate report as applicable:	EPORT TYPE						
NOTIFICATION OF NO ACTIV				RTING PERIOL	OF						
7/18/	2020 THROU	GH 7/2	4/2020								
X											
Signature				Date							
X											
Signature				Date							
Political Chain Party Exc	idate and Campaign Tr Committees: man and Campaign Tr ecutive Committees:	easurer or Deputy									
Except as noted above for an ECO, in any rep received) the filing of the required report is		re has been no a e filing officer mus	st be notified in								