WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)			ONLINE SUBMISSION Id: 482 [1215753]			
			Submitted on: 7/10/2020 10:51:57 (eastern) OFFICE USE ONLY			
						Alex Alford
Name			Office Sought			
999 McCullough Road		De	DeFuniak Springs, FL 32433			
Address		City		State	Zip Code	
X Candidate	Political Committee	•	Party Executiv	ve Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last rep		ock here if PC has DISB ports.	ANDED and will no lor	nger file	
MONTHLY REPORT	PRIMARY ELECT	Indica G	te report #	Indicate report typ as applicable:	2 10 10 10 10 10 10 10 10 10 10 10 10 10	
NOTIFICATION OF			OUNT FOR THE REP		E	
NOTIFICATION OF		AMPAIGN ACCO		ORTING PERIOD C	ν <b>Γ</b>	
	6/27/2020	THROUGH	7/10/2020			
x						
Signature			-0 0-	Date		
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Signature			-0 0	Date		
REQUIRED SIGNATURES FOR:	Political Committee Chairman and C Party Executive Co	es: ampaign Treasure	r or Deputy Treasurer ( r or Deputy Treasurer (s (2), F.S.)			
Except as noted above for an ECC received) the filing of the requi	), in any reporting perio red report is <mark>wa</mark> ived. H	od when there has	been no activity in the a officer must be notified i			