WAIVER OF REPORT

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

	(PLEASE	TYPE)	
Dean, James Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name		dean Identification Number (Assigned by Division of Elections)	
1103 Michigan Avenue Address (Number and Street)		COMMISSIONER SEAT 2 Office Sought (Include District, Circuit or	
_ 	FI 32444 State Zip Code	Gr	oup Number)
✓ Candidate	Committee of Continuous Existence	Check box if address has changed since last report.	
Political Committee	Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.	
TYPE OF REPORT (Check Appropriate Box)			
QUARTERLY REPORTS PRIMARY ELECTION		GENERAL ELECTION	
☐ January	☐ 32nd day prior	☐ 46th day prior	
☐ April	☐ 18th day prior	☐ 32nd day prior	
☐ July	☐ 4th day prior	☐ 18th day prior	☐ TERMINATION REPORT
☐ October		☐ 4th day prior	☐ SPECIAL ELECTION
NOTIFICATION OF NO A	CTIVITY IN CAMPAIGN A	ACCOUNT FOR THE	REPORTING PERIOD OF
throug		gh	
X			
Signature			Date
SIGNATURES REQUIRED FOR	Candidate, Campaign Political Committees	Treasurer or Deputy Tre lous Existence ()(c), F.S.) ittees	easurer (S. 106.07(5), F.S.) easurer (S. 106.07(5), F.S.)
			xpended or received) the filing of on the prescribed reporting date

that no report is being filed.