SUPERVISER OF ST. CTIONS 6495 CAROLINE ST., STE. F

MATPHOE USE STATA 592

2010 JUL 26 PM 3 00

WAIVER OF REPORT

(Section 106.07(7), F.S.

(PLEASE TYPE)

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NAVATRE POLI	MARINA P	Azs Comm.			
Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name			Identification Number (Assigned by Division of Elections)		
fo Box 62	.17				
Address (Number and Street)			Office Sought (Include District, Circuit or Group Number)		
NAVAGE	É	31564 Zip Code			
City .	State	Zip Code			
Candidate	Committee of Continuous Existence		Check box if address has changed since last report.		
Political Committee	Party Ex	ecutive Committee		Check here if PC or CCE has DISBANDED and will no longer file reports.	
·		TYPE OF REP	ORT		
	(C	heck Appropria	ite Box)		
QUARTERLY REPORTS	PRIMARY E		ERAL ELECTION	<u> </u>	
☐ January	□ 32 nd day p		th day prior		
□ April	□ 16 th dayp	nor 🛛 32	day prior	•	
⊘ abuly	☐ 4 ^m day pri	or <u>1</u> 18	m day prior	☐ TERMIÑATION REPORT	
☐ October		· 🖸 4 [#]	day prior	☐ SPECIAL ELECTION	
MOTIFICATION OF NO APR X CR filling Signature	2010	CAMPAIGN ACE	JUS 1	E REPORTING PERIOD OF (6 2010	
	Can Politic Che Comm Tre. Party I Tres	ididate, Campaign Ti al Committees airman, Campaign Ti ittees of Continuor asurer (s. 106.04(4)) Executive Committi asurer or Chairman	reasurer or Depu us Existence (c), F.S.) ses (s. 106.29(2), F.S		
n any reporting period when he required report is waived, hat no report is being filed.	there has been However, the fi	no activity in the acc iling officer must be	count (no funds e notified in writing	expended or received) the filing of on the prescribed reporting date	

DS-DE 87 (Rev. 08/03)