## **WAIVER OF REPORT**

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

(PLEASE TYPE)

OCT11 19 PM1:49

OFFICE USE ONLY

FRANKIE ABBRUZZINO Name		SEAT 7, MAYOR  Office Sought		
Address		City	State Zip Code	
Candidate  NOTE: This form does not as	Political Committee	Party Executive		ort (not a
	le contributions or expenditures w			
Check here if address ha	as changed since last report.	Check here if PC has DISB reports.	ANDED and will no	longer file
TYPE OF REPOR	RT (Check Appropriate Box	x and Ccmplete Applicabl	e Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	☐ <u>OTHER REPORT TYPE</u>	
Indicate report # Indicate report #		Indicate report # Indicate report type and as applicable:		type and #
	DF NO ACTIVITY IN CAMPAIG	ON ACCOUNT FOR THE REP	ORTING PERIO	D OF
10/01/201	9 THR	ои <b>с</b> н 10/04/2019		
X			10/8/19	,
X	Signature		Jo/8) 19	
	Signature		Date	
QUIRED SIGNATURES FOR	Candidate and Campaigr Political Committees:	Treasurer or Deputy Treasurer ( Treasurer or Deputy Treasurer (ses:		

received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.