WAIVER OF REPORT

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

	(PLEASE	TYPE)	
BOB HORAN Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name		BOB HORAN Identification Number (Assigned by Divisor of Elections)	sion
6099 OVERSEAS HWY		SHERIFF	
Address (Number and Street)		Office Sought (Include District, Circuit Group Number)	or
MARATHON City	FL 33050 State Zip Code		
Candidate	Committee of Continuous Existence	Check box if address has changed since la report.	ast
Political Committee	Party Executive Committee	Check here if PC or CCE has DISBANDED and will no longer file reports.)
	TYPE OF R (Check Approp	_	
QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTION	
☐ January	☐ 32nd day prior	☐ 46th day prior	
☐ April	☐ 18th day prior	☐ 32nd day prior	. T
☐ July	4th day prior	☐ TERMINATION REPOR	(1
☐ October		☐ 4th day prior ☐ SPECIAL ELECTION	
NOTIFICATION OF NO	O ACTIVITY IN CAMPAIGN A	ACCOUNT FOR THE REPORTING PERIOD O	F
8/2/2008 throug		gh	
x			
Signature		Date	_
SIGNATURES REQUIRED	Candidate, Campaign Political Committees)(c), F.S.) ttees	
		ne account (no funds expended or received) the filing st be notified in writing on the prescribed reporting	

that no report is being filed.