WAIVER OF REPORT

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

(PLEASE TYPE)

	(- ,	
CHARLES MC COY Candidate's Name (Last, Suffix, First, Middle) OR Political Committee, CCE or Party Name		CHARLES MCCOY Identification Number (Assigned by Division of Elections)	
P. O. Box 10 Address (Number and Street)		Office Sought (Include District, Circuit or Group Number)	
Key West City	FL 33041 State Zip Code		
✔ Candidate	Committee of Continuous Existence	Check box if address has changed since last report.	
Political Committee	Party Executive Committee		PC or CCE has DISBANDED nger file reports.
TYPE OF REPORT (Check Appropriate Box)			
QUARTERLY REPORTS	PRIMARY ELECTION	GENERAL ELECTION	<u>N</u>
☐ 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	ACTIVITY IN CAMPAIGN A	CCOUNT FOR THE	REPORTING PERIOD OF
8/27/2004 through		h	
X			
Signature			Date
SIGNATURES REQUIRED FO	Candidate, Campaign Political Committees	reasurer or Deputy Tre ous Existence (c), F.S.) ttees	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.