WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 448 [1257632]

Submitted on:

3/31/2022 10:46:52 (eastern)

OFFICE USE ONLY

William P. Cooney eat 7 Name 245 Holly Rd. Address		Indian River County Hospital District - Office Sought Vero Beach, Fl 32963							
						City		State Zip Code	
						X Candidate	Political Committee		Party Executiv
		NOTE: This form does not apply waiver) that no reportable	y to an electioneering communi contributions or expenditures w						
Check here if address has	changed since last report.	Check	here if PC has DISB/ ts.	ANDED and will no	longer file				
TYPE OF REPORT	(Check Appropriate Box	x and Cor	nplete Applicable	e Line beneath	Box)				
MONTHLY REPORT PRIMARY ELECTION			NERAL ELECTION OTHER REPORT TYPE						
Indicate report #	Indicate report #	Indicate G	report #	Indicate report as applicable:	type and #				
NOTIFICATION OF	TERMINATION REPORT		ECIAL ELECTION	ORTING PERIO) OF				
		OUGH	3/31/2022						
x	11110								
Signature			%	Date					
X									
Signature			Date						
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees:								
	Chairman and Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.) Party Executive Committees: Treasurer and Chairman (s. 106.29(2), F.S.)								
except as noted above for an ECC received) the filing of the requi		there has be the filing off	een no activity in the a ficer must be notified i						