WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 448 [1259816]

Submitted on:

5/1/2022 14:21:07 (eastern) OFFICE USE ONLY

William P. Coo	Indian River County Hospital District -				
eat 7 Name		Office Sought			
245 Holly Rd.		Vero	Beach, Fl	32963	
Addre	ess	City		State	Zip Code
X Candidate	Political Committee	[Party Execut	ive Committee	
NOTE: This form does not appl waiver) that no reportable	y to an electioneering communi contributions or expenditures w				
Check here if address has	changed since last report.	Check her reports.	e if PC has DISE	BANDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	x and Comple	ete <mark>Applica</mark> b	le Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERA	AL ELECTION	OTHER R	EPORT TYPE
Indicate report #	Indicate report #	Indicate rep	ort#	Indicate report as applicable:	type and #
NOTIFICATION OF	TERMINATION REPORT		L ELECTION	PORTING PERIO	D OF
	4/1/2022 THR	ough 4	1/30/2022		
X					
Signature			**	Date	
X					
Signature			Date		
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaigr Political Committees:				
	Chairman and Campaign Party Executive Committee Treasurer and Chairman	s:		(s. 106.07(5), F.S.)	
Except as noted above for an ECC received) the filing of the requi		there has been r	no activity in the must be notified	Land Control of the C	