WAIVER OF REPORT (Section 106.07(7), F.S.) (PLEASE TYPE)		ONLINE SUBMISSION Id: 448 [1262059] Submitted on: 5/31/2022 09:08:53 (eastern) OFFICE USE ONLY		
William P. Cooney	Ir	dian River Coun	ty Hospital District	_
Seat 7 Name		Office Sought		
245 Holly Rd.		Vero Beach, Fl 32963		
Address			State Zip Code	e
X Candidate Political Co	mmittee	Party Executiv	e Committee	
NOTE: This form does not apply to an election waiver) that no reportable contributions or Check here if address has changed since I	expenditures were made	during the reporting per		
Indicate report # Indicate report M P	G	te report #	Indicate report type and # as applicable:	
NOTIFICATION OF NO ACTIVITY	Y IN CAMPAIGN ACCO		ORTING PERIOD OF	
x				
Signature			Date	
X		-0 0		_
Political Cor Chairmar Party Execu	e and Campaign Treasure	r or Deputy Treasurer (s		
Except as noted above for an ECO, in any reporti received) the filing of the required report is wa report		officer must be notified i		