WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 448 [1264669]

Submitted on:

6/20/2022 10:55:20 (eastern)

OFFICE USE ONLY

eat 7 Name		Indian River County Hospital District - Office Sought			
Name		Office Sought			
245 Holly Rd.		Vero	Beach, F	1 32963	
Addre	ess	City		State	Zip Code
X Candidate	Political Committee	}	Party Execu	utive Committee	
NOTE: This form does not appl waiver) that no reportable	ly to an electioneering communi contributions or expenditures w				
Check here if address has	changed since last report.	Check he reports.		SBANDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	x and Comp	lete Applica	ble Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENER	RAL ELECTION	OTHER R	EPORT TYPE
Indicate report #	Indicate report #	Indicate rep	port#	Indicate report	type and #
M	P1	G	Santa Control of	as applicable:	
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG		AL ELECTION	PORTING PERIO	D OF
	6/1/2022 THR	OUGH	6/17/2022	2	
x					
Signature				Date	
X			10		
Signature				Date	
	Candidates:			r (s. 108 07(5) F.S.)	
EQUIRED SIGNATURES FOR:	Candidate and Campaign	Treasurer or D	eputy Treasure	. (3. 123.31(2), 1.0.)	
QUIRED SIGNATURES FOR:	Candidate and Campaign Political Committees: Chairman and Campaign	Treasurer or D			
EQUIRED SIGNATURES FOR:	Candidate and Campaign Political Committees:	Treasurer or D	eputy Treasurer		