WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 448 [1271754]

Submitted on:

7/28/2022 13:32:56 (eastern)

OFFICE USE ONLY

William P. Cooney eat 7 Name		Indian River County Hospital District -			
Name		Office Sought			
245 Holly Rd.		Vero Bead	ch, Fl	32963	
Addre	ess	City		State	Zip Code
X Candidate	Political Committee			e Committee	4646
NOTE: This form does not apply waiver) that no reportable. Check here if address has	contributions or expenditures w	vere made during the re	porting peri		, F.S.).
TYPE OF REPORT	(Check Appropriate Bo	x and Complete A	-		Box)
Indicate report #	Indicate report #	Indicate report #		Indicate report	**************************************
M	P	G		as applicable:	
NOTIFICATION OF	TERMINATION REPORT			ORTING PERIOD	OF
	7/16/2022 THR	OUGH 7/22	/2022		
X					
Signature		7.0 436		Date	
X					
Signature				Date	
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees:				
	Chairman and Campaign Party Executive Committee Treasurer and Chairman	es:	reasurer (S.	100.07(0), F.S.)	
xcept as noted above for an ECC received) the filing of the requi), in any reporting period when red report is waived. However,	there has been no acti			The state of the s