WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 470 [1280912]

Submitted on:

9/14/2022 14:48:59 (eastern)

OFFICE USE ONLY

Michael Kint eat 2 Name		Indian River County Hospital District - Office Sought			
Addre	ess	City		State	Zip Code
Candidate NOTE: This form does not appl		cations organization (EC		nust file a repo	
Check here if address has	contributions or expenditures we changed since last report.	Check here if PC reports.			21-22-22-22-24-
TYPE OF REPORT MONTHLY REPORT	(Check Appropriate Box	x and Complete Ap		_	Box)
Indicate report #	Indicate report #	Indicate report # G2 G		licate report t applicable:	ype and #
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	SPECIAL ELEC		NG PERIOD	OF
	8/27/2022 THR	OUGH 9/9/2	2022		
X					
			Date		
X					
Signature			Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign Political Committees: Chairman and Campaign Party Executive Committee	Treasurer or Deputy Tr			
Except as noted above for an ECC received) the filing of the requi	Treasurer and Chairman	(s. 106.29(2), F.S.) there has been no activi the filing officer must be			