## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 470** [1282112]

Submitted on:

9/26/2022 20:37:59 (eastern)

OFFICE USE ONLY

Michael Kint eat 2 Name		Indian River County Hospital District - Office Sought	
Address		City	State Zip Code
Candidate  NOTE: This form does not apple	Political Committee	_	tive Committee
		vere made during the reporting p	
Check here if address has	changed since last report.	Check here if PC has DIS reports.	BANDED and will no longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applicab	ole Line beneath Box)
MONTHLY REPORT	PRIMARY ELECTION	X GENERAL ELECTION	OTHER REPORT TYPE
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION  GN ACCOUNT FOR THE RE	PORTING PERIOD OF
	9/10/2022 THR	OUGH 9/23/2022	
X			
Signature			Date
X			
Signature			Date
EQUIRED SIGNATURES FOR:	Political Committees: Chairman and Campaign	Treasurer or Deputy Treasurer	
xcept as noted above for an ECC received) the filing of the requi		(s. 106.29(2), F.S.) there has been no activity in the	account (no funds expended or