WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 470 [1274486]

Submitted on:

8/6/2022 18:23:48 (eastern) **OFFICE USE ONLY**

Michael Kint eat 2		Indian River County Hospital District -			
eat 2 Name		Office Sought			
6255 59th Ct.		Vero Bea	ch, Fl	32967	
Addre	ess	City		State	Zip Code
X Candidate	Political Committee	■ P	arty Executive	Committee	
NOTE: This form does not appl waiver) that no reportable	y to an electioneering communi contributions or expenditures w				
Check here if address has	changed since last report.	Check here if F	C has DISBA	NDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Box	and Complete	Applicable	Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL E	LECTION	OTHER RE	PORT TYPE
Indicate report #	Indicate report #	Indicate report #		Indicate report	type and #
M	P P6	G		as applicable:	
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG	SPECIAL EL		RTING PERIOD) OF
	7/30/2022 THR	OUGH 8/5	/2022		
X					
Signature				Date	
X					
Signature				Date	
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign	Treasurer or Deputy	Treasurer (s.	106.07(5), F.S.)	
	Political Committees: Chairman and Campaign Party Executive Committee		Treasurer (s.	106.07(5), F.S.)	
	Treasurer and Chairman				
xcept as noted above for an ECC), in any reporting period when red report is waived. However,				