## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION

**Id: 470** [1277032]

Submitted on:

8/18/2022 23:20:06 (eastern)

OFFICE USE ONLY

Michael Kint	Indian Ri	ver Count	ty Hospital I	District -	
eat 2 Name		Office Sought			
6255 59th Ct.		Vero Bea	ach, Fl	32967	
Addre	ess	City		State	Zip Code
X Candidate	Political Committee	P	arty Executiv	e Committee	
NOTE: This form does not appl waiver) that no reportable	y to an electioneering commun contributions or expenditures w				
Check here if address has	changed since last report.	Check here if F	C has DISBA	ANDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complete	Applicable	e Line beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL E	LECTION	OTHER R	EPORT TYPE
Indicate report #	Indicate report #	Indicate report #		Indicate report	type and #
M	PP	G		as applicable:	
NOTIFICATION OF	NO ACTIVITY IN CAMPAIG			ORTING PERIO	OF
	8/6/2022 THR	OUGH 8/1	8/2022		
X					
Signature				Date	
X					
Signature				Date	
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign	n Treasurer or Deputy	Treasurer (s	s. 106.07(5), F.S.)	
	Political Committees: Chairman and Campaign Party Executive Committee		Treasurer (s	. 106.07(5), F.S.)	
	Treasurer and Chairman				
except as noted above for an ECC received) the filing of the requi	red report is waived. However,				