WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION

Id: 472 [1269367]

Submitted on:

7/18/2022 16:42:55 (eastern)

OFFICE USE ONLY

Igor Khromov eat 2 Name		Indian River County Hospital District - Office Sought			
Address		City		State Zip Code	
X Candidate	Political Committee		Party Executive	e Committee	
NOTE: This form does not appl waiver) that no reportable	ly to an electioneering communi contributions or expenditures w				
Check here if address has	changed since last report.	Check here reports.	if PC has DISBA	NDED and will no	longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complet	te <mark>Ap</mark> plicable	Line beneath	Box)
MONTHLY REPORT PRIMARY ELECTION		GENERAL ELECTION		OTHER REPORT TYP	
Indicate report # M PP3		Indicate report # Indicate report typ as applicable:		type and #	
NOTIFICATION OF	TERMINATION REPORT		ELECTION	ORTING PERIOD	OF
	7/2/2022 THR	OUGH 7/	/15/2022		
x					
Signature				Date	
X					
Signature			Date		
QUIRED SIGNATURES FOR:	Candidates:	n Treasurer or Dep	puty Treasurer (s.	. 108.07(5), F.S.)	
	Political Committees:				
		25:		106.07(5), F.S.)	