WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 1583 [1228149]

Submitted on:

8/28/2020 09:44:37 (eastern)

OFFICE USE ONLY

DAVID COLLINS Name		LEE MEMORIAL HEALTH SYSTEM-3 Office Sought	
Address		City	State Zip Code
X Candidate	Political Committee	Party Executiv	ve Committee
		ications organization (ECO). An E were made during the reporting pe	
Check here if address has	changed since last report.	Check here if PC has DISB reports.	ANDED and will no longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applicabl	e Line beneath Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	X OTHER REPORT TYPE
Indicate report #	Indicate report #	Indicate report #	Indicate report type and #
M	P	G	as applicable: 20G2
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION GN ACCOUNT FOR THE REP	ORTING PERIOD OF
	8/29/2020 THR	OUGH 9/11/2020	
x		•	
Signature			Date
X			
Signature			Date
QUIRED SIGNATURES FOR:		n Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
	Political Committees: Chairman and Campaign Party Executive Committee	Treasurer or Deputy Treasurer (s	s. 108.07(5), F.S.)
	Treasurer and Chairman		
		there has been no activity in the a the filing officer must be notified	