WAIVER OF REPORT (Section 106.07(7), F.S.)			ONLINE SUBMISSION Id: 1583 [1232459]			
(PLEASE TYPE)			Submitted on: 9/28/2020 12:54:40 (eastern) OFFICE USE ONLY			
DAVID COLLINS		LEF	LEE MEMORIAL HEALTH SYSTEM-3			
Name 6458 GRIFFIN BLVD			Office Sought FORT MYERS, FL 33908			
		FO				
Address		City		State	Zip Code	
X Candidate	Political Committee		Party Executiv	ve Committee		
NOTE: This form does not appl waiver) that no reportable						
Check here if address has	changed since last repo	rt. Cheo repo	sk here if PC has DISB orts.	ANDED and will no	longer file	
Indicate report # M	Indicate report # P TERMINATION R	G	e report #	Indicate report as applicable: 20G4	type and #	
NOTIFICATION OF				ORTING PERIO	OF	
	9/26/2020	THROUGH	10/2/2020			
x						
Signature			-0 0 <del></del>	Date		
x						
Signature			-01 10	Date		
REQUIRED SIGNATURES FOR:	Candidates: Candidate and Ca Political Committees Chairman and Ca Party Executive Con	s: mpaign Treasurer	or Deputy Treasurer ( or Deputy Treasurer ( 2) E.S.)			
Except as noted above for an ECC received) the filing of the requi	D, in any reporting period red report is waived. He	d when there has b	fficer must be notified			