WAIVER OF REPORT (Section 106.07(7), F.S.)			ONLINE SUBMISSION Id: 1583 [1222197] Submitted on:			
(PLEASE TYPE)			8/1/2020 07:42:03 (eastern) OFFICE USE ONLY			
DAVID COLLINS		LEE	MEMORIAL HEAL	TH SYSTEM-3		
Name			Office Sought			
6458 GRIFFIN BLVD		FO	FORT MYERS, FL 33908			
Address		City		State	Zip Code	
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. Chec repo	k here if PC has DISB. orts.	ANDED and will no	longer file	
Indicate report #	Indicate report # P TERMINATION R	G	ECIAL ELECTION	Indicate report as applicable: 20P6	type and #	
NOTIFICATION OF	NO ACTIVITY IN CA	MPAIGN ACCO	UNT FOR THE REP	ORTING PERIOD	OF	
	7/25/2020	THROUGH	7/31/2020			
x						
Signature				Date		
X						
Signature			-2 (S	Date		
REQUIRED SIGNATURES FOR:	Political Committees Chairman and Ca Party Executive Con	s: mpaign Treasurer	or Deputy Treasurer (: or Deputy Treasurer (s 2), F.S.)			
Except as noted above for an ECC received) the filing of the requi	red report is waived. He		fficer must be notified i			