## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION Id: 1603 [1220901]

Submitted on:

7/29/2020 12:48:19 (eastern)

OFFICE USE ONLY

JESSICA CARTI	ER PEER	LEE MEMORIAL HEALTH SYSTEM-5	
Name		Office Sought	
4403 WATERCOLO	OR WAY	FORT MYERS, FI	33966
Address		City	State Zip Code
X Candidate	Political Committee	Party Execut	tive Committee
		ications organization (ECO). An vere made during the reporting p	
Check here if address has	changed since last report.	Check here if PC has DISI reports.	BANDED and will no longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applicab	le Line beneath Box)
MONTHLY REPORT	PRIMARY ELECTION	GENERAL ELECTION	OTHER REPORT TYPE
Indicate report #	Indicate report #	Indicate report #	Indicate report type and #
M	P	G	as applicable: 20P5
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION	PORTING PERIOD OF
ine in leavine in each		OUGH 7/24/2020	
X	TIIK	00dii	
Signature			Date
X			
Signature			Date
EQUIRED SIGNATURES FOR:	Candidates: Candidate and Campaigr Political Committees:	n Treasurer or Deputy Treasurer	(s. 108.07(5), F.S.)
	Chairman and Campaign Party Executive Committee Treasurer and Chairman		(s. 106.07(5), F.S.)
except as noted above for an ECC received) the filing of the requi		the filing officer must be notified	