## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION Id: 1004 [1266437]

Submitted on:

6/30/2022 08:43:13 (eastern)

OFFICE USE ONLY

Jim Meister  Name  7912 Osprey Hammock Ct  Address		Hospital Board Northern District, Seat  Office Sought  Sarasota, FL 34240			
				City	State Zip Code
				X Candidate	Political 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	OTHER REPORT TYPE		
Indicate report #	Indicate report #	Indicate report #	Indicate report type and # as applicable:		
NOTIFICATION OF	TERMINATION REPORT	SPECIAL ELECTION	ODTING BEDIOD OF		
NOTHICATION OF	4.10.4000	OUGH 7/1/2022	OKTING PERIOD OF		
X	0, 20, 2022	00dn <u>- 77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -</u>			
Signature			Date		
X					
Signature		-2 0-	Date		
EQUIRED SIGNATURES FOR:	Political Committees:	n Treasurer or Deputy Treasurer (			
	Party Executive Committee	아이들이 아이는 경우는 그는 그는 아이들이 나가 되었다. 그는 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들			
	ired report is waived. However,	there has been no activity in the a the filing officer must be notified report is being filed.			