## WAIVER OF REPORT

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

(PLEASE TYPE)

## ONLINE SUBMISSION Id: 1004 [1269021]

Submitted on:

7/15/2022 05:36:30 (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 were 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	ole Line beneath Box)		
MONTHLY REPORT	X 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	PORTING PERIOD OF		
	7/2/2022 THR	OUGH 7/15/2022			
x		**************************************			
Signature			Date		
X					
Signature			Date		
EQUIRED SIGNATURES FOR:	Political Committees:	n Treasurer or Deputy Treasurer			
	Party Executive Committees: Treasurer and Chairman (s. 108.29(2), F.S.)				
		there has been no activity in the the filing officer must be notified	account (no funds expended or		