WAIVER OF REPORT

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

(PLEASE TYPE)

ONLINE SUBMISSION Id: 1054 [1271749]

Submitted on:

7/28/2022 13:22:43 (eastern)

OFFICE USE ONLY

Nick Altier Name 1989 Kingsdown Dr. 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 DIS reports.	BANDED and will no longer file		
TYPE OF REPORT	(Check Appropriate Bo	x and Complete Applicat	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		
	T. (1.5. (20.00)	OUGH 7/22/2022			
x	TIIK	00dii			
Signature			Date		
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Signature			Date		
EQUIRED SIGNATURES FOR:	Political Committees:	n Treasurer or Deputy Treasurer			
	Party Executive Committee	있습니다. (CONTROL OF CONTROL OF CON			
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