(Revised 01/12/18)

CANDIDATE OATH NONPARTISAN OFFICE LEE MEMORIAL HEALTH SYSTEM LEE COUNTY TRAUMA SERVICES **BOARD OF DIRECTORS**

(Do not use this form if a Judicial or School Board Candidate)

Check box *only* if you are seeking to qualify as a write-in candidate:

OFFICE USE ONLY

Lee Memorial Health System candidates must use this Candidate Oath to qualify for office.

VVrite-in candidate
CANDIDATE OATH
(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)
I, CHRIS HANSEN
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.) am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS (district #) I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors. Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the
United States of America, and being employed by or an officer of and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.
Candidate's Florida Voter Registration Number (located on your voter information card):
./0 //
X C Vause (239) 462-2585 hansenh come come Signature of Candidate Telephone Number Email Address
18 100 Hansen Hole Farm LN North Fort Myers FC 33917 Address STATE OF FLORIDA COUNTY OF LEE Signature of Notary Public
Sworn to (or affirmed) and subscribed before me this
Personally Known: or Produced Identification: MY COMMISSION # GG 154203
Type of Identification Produced: EXPIRES: February 22, 2022 Bonded Thru Notary Public Underwriters

FORM 1	1	S	STATEN	MENT O	F		201	7
Please print or type your name, mailing address, agency name, and position bet	ow:	FINA	NCIAL	INTER	ESTS	S [5]	FOR OFFICE	USE ONLY:
LAST NAME - FIRST NAME - MI HANSEN - HANS - CHRIS MAILING ADDRESS :	STIAN							£
18100 Hansen Hoke Farm I	Lane			· · · · ·		e ;	•	. 보 보
CITY:		ZIP:	COUNTY:				•	nu4f
North Fort Myers	-	3917	Lee			•	·	1819Hi U4PMUSJ8 SUE Lee Cohi
Lee Memorial Board of Dir	ectors	/ Lee Tra	uma System			, ~		<u> </u>
NAME OF OFFICE OR POSITION						•		<u>ιτ</u> : <u>-</u> ,
Director, District Four (4)					_			₹
You are not limited to the space on the CHECK ONLY IF CANDIDATE			ttach additional sho W EMPLOYEE O	•				<u></u>
**** BO DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y YEAR OR ON A FISCAL YEAR. EITHER (must check one):	'OUR FI	NANCIAL IN	ITERESTS FOR	TION MUST THE PRECEDING	G TAX YEA	R. WHETH	HER BASED ON A	A CALENDAR AR ENDING
DECEMBER 31	, 2017	<u>OR</u>	□ SPEC	IFY TAX YEAR IF	OTHER TH	IAN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING (FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO for further details). CHECK THE	USING F MPARA	REPORTING	THRESHOLDS	HARE USUALLY	LUTE DOL BASED O	LAR VALU N PERCEN	IES, WHICH REQ ITAGE VALUES (see instructions
☐ COMPARATIVE	(PERC	ENTAGE)	THRESHOLDS	OR 🗹	DOLL	AR VALU	E THRESHOLD	s E
PART A PRIMARY SOURCES O (If you have nothing to	F INCON report, v	IE [Major so write "none"	urces of income to or "n/a")	the reporting person	on - See ins	tructions]		6
NAME OF SOURCE OF INCOME				OURCE'S ODRESS			SCRIPTION OF TH	IE SOURCE'S
The Pavilion at HealthPark,	LLC	9241 Par	k Royal Dr	Ft. Myers, FL	33908	Behavioral Health Services		
Lee Health System				ers, FL 33902			are System	
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and of	her sources o	of income to busine or "n/a")	esses owned by the	reporting po	erson - See	instructions)	
NAME OF BUSINESS ENTITY		ME OF MAJO OF BUSINES	OR SOURCES IS' INCOME		DRESS SOURCE	1		BUSINESS OF SOURCE
n/a								

PART C - REAL PROPERTY [Lan (if you have nothing to	d, buildin report, v	gs owned by vrite "none"	the reporting pers or "n/a")	on - See instruction	s]		INSTRUCTION	
18100 Hansen Hoke Farm I	Lane, 1	North Fort	Myers, FL 3	3917		locate	here to file this d at the botton	n of page 2.
		-				this fo	UCTIONS on worm and how to on page 3.	ho must file fill it out
							, -g,	

(If you have nothing to report, write "non TYPE OF INTANGIBL∑		HICH THE PROPERTY RELATES			
Stocks, bonds, mutual funds & insurance	Alliance Financial Services - Guardian				
	The second of th	70 m			
PART E — LIABILITIES [Major debis - See instruction (If you have nothing to report, write "non	s] e" or "n/a")	V.			
NAME OF CREDITOR	ADDRESS	S OF CREDITOR			
BB&T	PO Box 632 Whiteville, NC 28472				
		<u>,</u>			
PART F — INTERESTS IN SPECIFIE® BUSINESSES (If you have nothing to neport, write "none					
NAME OF BUSINESS ENTITY	n/a	BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY	and the second s	a Maria da Maria			
PRINCIPAL BUSINESS ACTIVITY		돈			
POSITION HELD WITH ENTITY		<u></u>			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		رة 19			
NATURE OF MY OWNERSHIP INTEREST	·	·			
	HAVE COMPLETED THE REQU	JIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE					
SIGNATURE OF FILE Signature:	If a certified public account in good standing with the she must complete the form	CPA or ATTORNEY SIGNATURE ONLY If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:			
Date Signed:	III offit I ill accoluance w	prepared the CE prepared the C			
04/19/2018	CPA/Attorney Signature:				
04/13/2016	Date Signed:	Date Signed:			
FILING INSTRUCTIONS:	Y Y				

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.



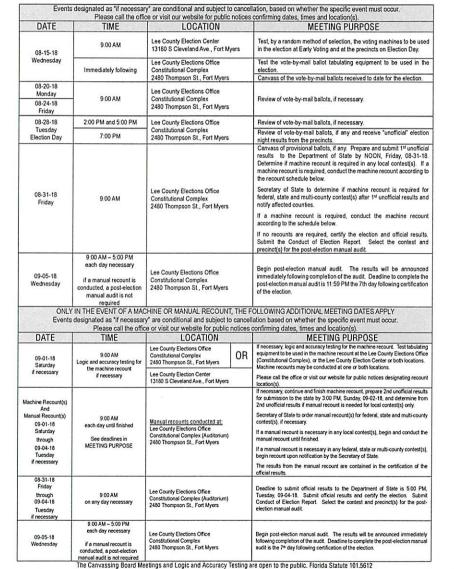
Primary Election on Tuesday, August 28, 2018 18JUN-20PM 0400 SUE Lee Co F1 General Elect

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

I, Tommy Doyle, Supervisor of Elections for Lee County,

Florida hereby give official notice of the Canvassing Board Meetings, and Logic and Accuracy Testing Schedule.





General Election on Tuesday, November 6, 2018

Canvassing Board Meetings and Logic and Accuracy Testing Schedule

Tommy Doyle, Supervisor of Elections (239) LEE-VOTE (533-8683) www.lee.vote

I, Tommy Doyle, Supervisor of Elections for Lee County,

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0.475			es confirming dates, times and location(s).
DATE	TIME	LOCATION	MEETING PURPOSE
10-17-18	9:00 AM	Lee County Election Center 13180 S Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election at Early Voting and at the precincts on Election Day.
Wednesday	Immediately following	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election.
10-22-18 Monday	9:00 AM	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of the vote-by-mail ballots received to date for the election.
10-26-18 Friday 11-01-18 Thursday	9:00 AM	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots, if necessary
11-06-18 Tuesday	NOON, 3:00 PM, and 6:00 PM	Lee County Elections Office Constitutional Complex	Review of vote-by-mail ballots, if necessary.
Election Day	7:00 PM	2480 Thompson St., Fort Myers	Review of vote-by-mail ballots, if any and receive "unofficial" election nigit results.
11-09-18 Friday	1:00 PM	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Carriass of provisional ballots and write-in votes, if any. Prepare and submit 1 unofficial results to the Department of State by NOON, Standardy, 11-10-11 Determine if machine recount is required in any local contest(s), if a machin recount is required, conduct the machine recount according to the recount schedule below. Secretary of State to determine if machine recount is required for feed Secretary of State to determine if machine recount is required for feed and multi-county contest(s) fifther 1*unofficial results and notify affected countie if a machine recount is required, conduct the machine recount according to the schedule below.
11-16-18 Friday	NOON	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by-mail ballots. If no recounts are required certify the election and official results. Submit the Conduct of Election Report Select the contest and precinct(s) for the post-election manual audit.
11-19-18 Monday ONLY	9.00 AM – 5.00 PM each day necessary if a manual recount is conducted, a post-election manual audit is not required IN THE EVENT OF A MACH	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers INE OR MANUAL RECOUNT, THE	Begin post-election manual audit. The results will be announced immediate following completion of the audit. Deadline to complete the post-election manuaudit is 11:39 PM the 7* day following certification of the election. FOLLOWING ADDITIONAL MEETING DATES APPLY
Events			ellation based on whether the specific event must occur. s confirming dates, times and location(s).
DATE	TIME	LOCATION	MEETING PURPOSE
11-11-18 Sunday if necessary	9:00 AM Logic and accuracy testing for the machine recount if necessary	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers Lee County Election Center 13180 S Cleveland Ave., Fort Myers	(Constitutional Complex), or the Lee County Election Center or both locations. Machine recounts may be conducted at one or both locations. Please call the office or visit our website for public notices designating recour
Machine Recount(s)			location(s). If necessary, continue and finish machine recount, prepare 2nd unofficial result for submission to the state by 3.00 PM, Thursday, 11-15-18, and determine fror 2nd unofficial results if manual recount is needed for local contest(s) only.
Manual Recount(s) 11-11-18	9:00 AM each day until finished	Manual recounts conducted at: Lee County Elections Office	Secretary of State to order manual recount(s) for federal, state and multi-count contest(s), if necessary.
Sunday through 11-18-18	See deadlines in MEETING PURPOSE	Constitutional Complex (Auditorium) 2480 Thompson St., Fort Myers	If a manual recount is necessary in any local contest(s), begin and conduct the manual recount until finished.
Sunday if necessary			If a manual recount is necessary in any federal, state or multi-county contest(s begin recount upon notification by the Secretary of State.
11-16-18			The results from the manual recount are contained in the certification of the official results.
Friday Through 11-18-18 Sunday if necessary	9:00 AM on any day necessary	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Deadline to submit official results to the Department of State is NOON, Sunda 11-16-18. Submit official results and certify the election. Submit Conduct Election Report. Select the contest and precinct(s) for the post-election manu- audit.
11-19-18 Monday	9:00 AM – 5:00 PM each day necessary	Lee County Elections Office Constitutional Complex 2480 Thompson St., Fort Myers	Begin post-election manual audit. The results will be announced immediate following completion of the audit. Deadline to complete the post-election manuaud is 11.59 PM the 7° day following certification of the election.

The Canvassing Board Meetings and Logic and Accuracy Testing are open to the public. Florida Statute 101.561:

By signing below, I acknowledge that I have received a copy of these Canvassing Board Meeting and Logic and Accuracy Testing Schedules. My attendance is not mandatory but welcome.

Signature	Vanser
orgraduo	

Name: Hans Christian Hansen

Date: 04/19/2018

Hans C. Hansen 08/09 Teresa L. Hansen 18100 Hansen-Hoke Farm Lane 18100 Hansen-Hoke Farm Lane 18100 Hansen-Hoke Farm Lane Norder OF North Fort Myers FL 33917 North Fort Myers FL 33917 A Better Wory A Better Wory Fort Myers, Rorda 33907 A Better Wory A Better Wory Fort Myers FL 30 11:	
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(239) LEE-VOTE (533-8683) www.lee.vote

	QUALIFICATION CONFIRMAT	ION			
CANDIDATE	Chais HANSEN,				
OFFICE	Chais HANSEN Lee Memoria	<i>D</i> ;	5+4		
□YES □N/A	DSDE 9 Appointment Treasurer/completeness/signed/d	lated			
□YES □N/A	DSDE 84 Statement of Candidate/completeness/signed/	dated			
YES N/A	Affidavit of Intent—Special District Candidates Only/con	Affidavit of Intent—Special District Candidates Only/completeness/signed/dated			
YES DECLINED	Text Messaging Service Agreement		Ē		
YES N/A	Canvassing Board Meeting Schedules/signed/dated		MO40		
YES N/A	CFR System Affidavit/completeness/signed/dated		PMO400 SUE		
☐YES XN/A	Candidate Oath/proper form/completeness/signed/date	ed/nota	L		
YES N/A	Candidate Oath/Lee Memorial Health System/complete	ness/si			
YES N/A	Form 1 or Form 6 Financial Disclosure/completeness/sig	ned/da	ted/notarized- <i>if required</i>		
☐YES ☐N/A	Candidate Petition Method—filing fee waived if SOE has	s certific	ed as <i>successful</i>		
YES N/A	Filing Fee Payment—Verify amounts/numerical and write	tten/m	ust not be less than fee		
	CONFIRMATION ISSUED BY	· · · · · · · · · · · · · · · · · · ·			
Cheryl Futch	Tammy Lipa Bernie Feliciano	Date:	6-420-18		

Your candidate-qualifying process is complete. The Lee County Supervisor of Elections Office is in receipt of all required candidate-qualifying documents. Questions or concerns regarding candidate-qualifying can be addressed by contacting:

Cheryl Futch, Qualifying Officer	239-533-6311	cfutch@lee.vote	
Tammy Lipa, Administration Support Specialist	239-533-6329	tlipa@lee.vote	
Bernie Feliciano, Chief Deputy, Administration	239-533-6304	bfeliciano@lee.vote	