

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL

☐ REVISED



(PLEASE CHECK ONE)

Candidate Name	HANS C. HANSEN		
Residence Address	18100 HANSEN HOKE FARM LANE		
City and Zip Code	NORTH FORT MYERS, FL 33917		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	(239) 462-2585	OR	
Email Address	HANSENHC@ME.COM		
Office Sought	LEMMEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS LEE COUNTY TRAUMA SERVICES BOARD OF DIRECTORS		
Area, District, Group Or Seat Number	DISTRICT FOUR (4)		
Political Party (if applicable for office sought)	NON-PARTISAN		
Date Of Birth Or Voter ID #	11-01-1961		
Date	June 7, 2010		
Candidate Signature	X HC Hansen		

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All information on this form becomes a
public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> Original Appointment Change in: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party		
2. Name of Candidate (in this order: First, Middle, Last) Hans C. Hansen	3. Address (include post office box or street, city, state, zip code) 18100 Hansen-Hoke Farm Lane North Fort Myers FL 33917	
4. Telephone (optional) (239) 462-2585	5. E-mail address (optional) hansenhc@me.com	
6. Office sought (include district, circuit, group number) Lee Memorial Board of Dir. (Dist. 4)		7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.		
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer		
10. Name of Treasurer or Deputy Treasurer Harold M. Tate		
11. Mailing Address (If post office box or drawer, also include street address) 17850 Pronghorn St		12. Telephone (239) 849-5553
13. City Alva	14. County Lee	15. State FL
		16. Zip Code 33920
17. E-mail address (optional) hal.tate@mbargmail.com		
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository		
19. Name of Bank Edison National Bank		20. Street Address 13000 S. Cleveland Ave
21. City Fort Myers	22. County Lee	23. State FL
		24. Zip Code 33907
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
25. Date 5/27/2010		26. Signature of Candidate <input checked="" type="checkbox"/> 
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, <u>Harold M. Tate</u> , do hereby accept the appointment (Please Print or Type Name) designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer. <u>5/27/2010</u> <input checked="" type="checkbox"/>  Date Signature of Campaign Treasurer or Deputy Treasurer		

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

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111492547

HANSEN, HANS CHRISTIAN
18100 HANSEN HOKE FARM LN
NORTH FORT MYERS FL 33917

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Hans C. Hansen

3. A
code

111492547

HANSEN, HANS CHRISTIAN
18100 HANSEN HOKE FARM LN
NORTH FORT MYERS FL 33917

4. Telephone (optional)

(339) 462-2585

5. E-mail address (optional)

hansenhc@me.com

6. Office sought (include district, circuit, group number)

Lee Memorial Health System District 4

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

111492547

11. Mailing Address (If post office box or drawer,)

HANSEN, HANS CHRISTIAN
18100 HANSEN HOKE FARM LN
NORTH FORT MYERS FL 33917

13. City

14. County

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

Edison National Bank

20. Street Address

13000 S. Cleveland Ave

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33907

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/7/2010

26. Signature of Candidate

X HC Hansen

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Hans C. Hansen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

6/7/2010

Date

X HC Hansen

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, HANS C. HANSEN

candidate for the office of Lee Memorial Health System Board of Directors
Lee County Trauma Services Board of Directors
District Four (4)

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X H C Hansen

Signature of Candidate

June 7, 2010

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).