

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) CHRIS HANSEN

Name

(2) 18100 HANSEN HOKE FARM LN, NORTH FORT MYERS, FL 33917

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1005

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-4

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10/31/2014 / / To / / 2/2/2015 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 0.00

Loans \$, , . 0.00

Total Monetary \$, , . 0.00

In-Kind \$, , . 0.00

(7) Expenditures This Report

Monetary Expenditures \$, , . 835.65

Transfers to Office Account \$, , . 0.00

Total Monetary \$, , . 835.65

(8) Other Distributions \$, , . 0.00

(9) TOTAL Monetary Contributions To Date

\$, , . 6,575.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 6,575.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CHRIS HANSEN (2) I.D. Number 1005

(3) Cover Period 10/31/2014 / / through 2/2/2015 / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CHRIS HANSEN

(2) I.D. Number 1005

(3) Cover Period 10/31/2014 through 2/2/2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/31/2014 / /	Edison National Bank, 13000 S Cleveland Avenue Fort Myers, FL 33907	monthly checking account service charge	MON		\$15.00
1					
11/3/2014 / /	Priority Payment Systems, 857 SE 47th Street Cape Coral, FL 33904	credit card processing fee	MON		\$30.84
2					
11/14/2014 / /	LMHS Foundation, P.O. Box 2218 Fort Myers, FL 33902	donation to golisano children's hospital to close	MON		\$789.81
3					
/ /					
/ /					
/ /					
/ /					
/ /					