CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) CHRIS HANSEN	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1174281]						
(2) 18100 HANSEN HOKE FARM LN	Submitted on:						
Address (number and street) NORTH FORT MYERS, FL 33917	10/3/2018 15:06:32 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1398						
(4) Check appropriate box(es):							
<ul> <li>Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-4</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>							
(5) Report Identifiers							
Cover Period: From 9 / <u>15</u> / <u>2018</u> To	9 / <u>28</u> / <u>2018</u> Report Type: <u>G3</u>						
☐ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 00						
Total Monetary       \$	Total Monetary \$ , , , 0 . 00						
· · · · · · · · · · · · · · · · · · ·	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>0</u> . <u>00</u>	\$,,000						
(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, corr	rect, and complete:						
(Type name)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	CHRIS HANSEN	(2) I.D. Number					
	9/15/2018	9/28/2018					
(3) Cover Per	iod / /	thre	ough	11	(4) Page	• <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor	Contribution Type	In-kind Description	Amendment	Amount
9/24/2018 / /	Land Solutions, Inc, 6810 International Center : Fort Myers, FL 33912	В	land development	IK	putting out and taking down campaign signs.	<u></u>	\$500.0
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>CHRIS HANSEN</u> (2) I.D. Number 1398						
(3) Cover Period	9/15/2018 // through		(4) Page <u>1</u>	of	0	
(5) Date (6) Sequence Number	(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	
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