	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1)	CHRIS HANSEN	OFFICE USE ONLY				
	Name	ONLINE SUBMISSION				
(2)	18100 HANSEN HOKE FARM LN	Submitted on:				
	Address (number and street) NORTH FORT MYERS, FL 33917	10/18/2018 17:12:13 (eastern)				
	City, State, Zip Code	<del></del>				
	☐ Check here if address has changed	(3) ID Number: 1398				
(4)	_	(3) 15 (44)1661.				
(4)	Check appropriate box(es):  X Candidate Office Sought: LEE MEMORIAL :	HEALTH SYSTEM-4				
	Political Committee (PC)					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded				
	☐ Party Executive Committee (PTY) [ ☐ Independent Expenditure (IE) (also covers an [	Check here if PTY has disbanded				
	individual making electioneering communications)	Check here if no other IE or EC reports will be filed				
0		Identifiers				
		10 / 12 / 2018 Report Type: <u>G5</u>				
× O	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
	Φ 0.00	Monetary				
Cash	n & Checks \$,,,000	Expenditures \$ , , 0 . 00				
Loar	ns \$ , , 0.00	Transfers to				
		Office Account \$ , , 0 . 00				
Tota	I Monetary \$ , , 0 . 00					
		Total Monetary \$ , , 0 . 00				
In-Ki	ind \$,, <u>292</u> . <u>00</u>					
		(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>	\$ , , <u>0</u> . <u>00</u>				
	(11) Cert It is a first degree misdemeanor for any pers					
Ιc	ertify that I have examined this report and it is true, corn	ect. and complete:				
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)				
	electioneering comm.)	□ Chailpeison (Unity for PC and PTY)				
Х		X				
	gnature	Signature				

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	CHRIS HANSEN	(2) I.D. Number					
(3) Cover Perio	10/6/2018 od////	through	10/12/2018	(4) Pag	je <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Contributor Type   Occupation	Contribution Type	In-kind Description	Amendment	Amount	
10/8/2018	Hansen, Teri 18100 Hansen Hoke Farm Lane No. Ft. Myers, FL 33917	I business		consultati on services and		\$292.0	
1				campaign supplies			
f I							
f f							
		s - s					
i i	-						
j j							
I I							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name CHRIS HANSEN (2) I.D. Number 1398									
	10/6/2018 through	10/12/2018	l) Page <u>1</u>		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)	(11) Amount				
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