## WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

## ONLINE SUBMISSION Id: 1398 [1178237]

Submitted on:

10/30/2018 10:08:30 (eastern)

OFFICE USE ONLY

CHRIS HANSEN	LEE MEMORIAL HEALTH SYSTEM-4 Office Sought				
Name					
18100 HANSEN	HOKE FARM LN	NORTH FORT	MYERS,	FL 3391	.7
Address		City		State	Zip Code
X Candidate	Political Committee	Party	Executive Co	mmittee	
NOTE: This form does not appl waiver) that no reportable	ly to an electioneering communi contributions or expenditures w				
Check here if address has	changed since last report.	Check here if PC hareports.	as DISBANDE	ED and will no	longer file
TYPE OF REPORT	(Check Appropriate Bo	x and Complete App	olicable Lir	ne beneath	Box)
MONTHLY REPORT	PRIMARY ELECTION	X GENERAL ELEC	TION	OTHER RE	EPORT TYPE
Indicate report#	Indicate report #	Indicate report #		dicate report	type and #
м	P	G_G7	as	applicable:	
NOTIFICATION OF	TERMINATION REPORT			ING PERIOD	) OF
	10/20/2018 THR	OUGH 11/1/2	2018		
x					
Signature				Date	
X					
Signature			Date		
QUIRED SIGNATURES FOR:	Candidates: Candidate and Campaign	Treasurer or Deputy Tre	asurer (s. 106	3.07(5), F.S.)	
	Political Committees: Chairman and Campaign	Treasurer or Deputy Trea	asurer (s. 106	.07(5), F.S.)	
	Party Executive Committees: Treasurer and Chairman (s. 108.29(2), F.S.)				
coept as noted above for an EC0 received) the filing of the requi	ired report is waived. However,				