CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. jhansen 14 MS / MRS / MR CANDIDATE / FIRST MI **OFFICEHOLDER** Jonathan NAME NICKNAME LAST SUFFIX Hansen CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 5151 Richmond Avenue #196 MAILING **ADDRESS** Change of Address Houston, TX 77056 Date Imaged MS/MRS/MR CAMPAIGN FIRST MI TREASURER NAME Jonathan NICKNAME LAST SUFFIX Hansen CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) 219 Plaza Del Sol Park, Houston, TX 77020 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** 713-659-9613 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded \$500 limit July 15 8th day before election Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 04/23/2015 THROUGH 06/30/2015 **ELECTION DATE** 10 ELECTION **ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11/03/2015 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Houston City Council At-Large Position 4 GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

- COLL OK	Q IOIALS			2 of 14
13 C / OH NAME	Hansen, Jonathan		14 Filer ID jhansen	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officer	holder's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME	14 (C. C. C	
	SPECIFIC	COMMITTEE ADDRESS		in et in de filosof de la seconomiento de filosoficio de filosoficio de la seconomiento d
		COMMITTEE CAMPAIGN TREASURER NAME	Mika dasala, ilikus iliak bir Maganala panalan ingkasala dasala ilian masa ang ang ang	
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 1,250.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,613.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 6,250.00
17 AFFADAVIT	KEVIN NGUYI MY COMMISSION EXI FEBRUARY 26,	PIRES Panathan /	of perjury, that the acco	be reported by me
	TARY STAMP / SEAL ABO	V		
		rtify which, witness my hand and seal of office.	, this the <u>15</u>	day
Kwin / Signature of office	lguyur_ er administering	Kevin Nguyen Printed name of officer administering	Notov Title of officer a	dministering oath
orma arautatad bu Yas	as Ethics Commission	www. othics state ty us		Version VII N 28292

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 14

<u></u>					
18 FIL	ER NAM	ΛΕ .	19 Filer ID		
На	ınsen, J	Jonathan	jhansen		
1		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	950.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	300.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. X SCHEDULE E: LOANS				6,663.25
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				1,613.25
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	INS	\$	
8.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
9.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
10.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
11.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/14 3 Filer ID 2 FILER NAME ihansen Hansen, Jonathan 7 Amount of Contribution (\$) out-of-state PAC (ID#: 5 Full name of contributor Date \$250.00 Barbee, Carol (Mrs.) 06/08/2015 Contributor address; City; State; Zip Code El Campo, TX 77437 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) El Campo ISD Educator Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 06/08/2015 Barbee, Chris (Mr.) Contributor address; City; State; Zip Code El Campo, TX 77437 Employer (See Instructions) Principal occupation / Job title (See Instructions) City of El Campo Community Services Director Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 Ellis, Scott (Mr.) 04/29/2015 Contributor address; City; State; Zip Code Houston, TX 77036 Employer (See Instructions) Principal occupation / Job title (See Instructions) EOG Resources, Inc. **Analyst** Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$50.00 Norton, Evan (Mr.) 06/30/2015 Contributor address; City; State; Zip Code Houston, TX 77074 Employer (See Instructions) Principal occupation / Job title (See Instructions) N/A Retired Amount of Contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date \$50.00 04/27/2015 Phillips, Brandon Lane (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78466 Employer (See Instructions) Principal occupation / Job title (See Instructions) Driscoll Hospital Physician

MONETARY POLITICAL CONTRIBUTIONS	SCHEDUL	E A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/14	
FILER NAME Hansen, Jonathan	3 Filer ID jhansen	
Date 5 Full name of contributor out-of-state PAC (ID#:) Williams, Frank (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions President Superior Threaded Proc		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/14 3 Filer ID 2 FILER NAME ihansen Hansen, Jonathan \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution Amount of 5 Date 6 Full name of contributor out-of-state PAC (ID#: contribution (\$) description 04/26/2015 Bell, Patrick \$300.00 Campaign photography 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Houston, TX 77056 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Patrick Bell Street Photographer Photographer 13 Contributor's job title (FOR JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS				SCHEDULE E
		n Guide explains how to complete this fo	orm.		ges Schedule E: L Rpt: 7/14
2	FILER NAME Hansen, Jonatha	ın		jhansen	
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 06/30/2015	7 Name of lender Out-of-state PAGE Hansen, Jonathan (Mr.)	C (ID#:		9 Loan Amount (\$) \$6,663.25
6	Is lender a financial institution?	8 Lender address; City; State; 219 Plaza Del Sol Park	Zip Code		10 Interest Rate 0%
	No	Houston, TX 77020			11 Maturity Date 12/31/2016
12		on / Job title (See Instructions) cator & Head Swim Coach	13 Employer (See Instructions Fort Bend ISD	s)	
14	4 Description of Coll X None		15 Check if personal funds we	ere deposited	l into political account (See Instructions)
10	6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code	***************************************	
2	Principal occupation	on .	21 Employer (See Instruction	s)	
L					

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Constitutions / Donations Made B Candidate/Officeholder/Politica	tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not li	isted above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
Sch: 1/7 Rpt: 8/14	Hansen, Jonathan jhansen	
4 Date	5 Payee name	
06/08/2015	Adobe Systems, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.81	345 Park Avenue	
	San Jose, CA 95110-2704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	т.
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Photo and graphic editing software.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to believe or or		
Date	Payee name	
05/07/2015	Democracy Engine	
Amount (\$)	Payee address; City; State; Zip Code	
\$7.15	2125 14th Street Northwest	
	Washington, DC 20009	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule	Т.
	Check if Austin, TX, officeholder living expense Finance charge/donation processing fe	90
	T mande divarger defination processing is	20
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
5		
Date	Payee name	
06/18/2015	Democracy Engine	
Amount (\$)	Payee address; City; State; Zip Code	
\$9.57	2125 14th Street Northwest	
	Washington, DC 20009	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule	т.
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Finance charge/donation processing fe	;e
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
experience to belief ever		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District All Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
$\frac{1}{1}$	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
-	Sch: 2/7 Rpt: 9/14	Hansen, Jonathan jhansen	
Ļ	-	L	
4	Date	5 Payee name	
L	05/14/2015	Eyecon Graphfix	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$74.50	409 North Pacific Coast Highway	
		Redondo Beach, CA 90277	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Logo design	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
m	Date	Payee name	
İ	05/29/2015	Eyecon Graphix	
一	Amount (\$)	Payee address; City; State; Zip Code	
	\$162.00	409 North Pacific Coast Highway	
	,		
	***************************************	Redondo Beach, CA 90277	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Logo design	
		Logo design	
<u> </u>	C-malata ONII V if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
_			
	Date	Payee name	
	05/15/2015	Facebook, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.30	1 Hacker Way	
	1		
		Menlo Park, CA 94205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Advertising	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	d entertainment of the second	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Wage	es/Contract Labor	Travel Out of District OTHER (enter a category not lister	d above)
1	Total pages Schedule F1:	2 ELLED NAM	-			3	Filer ID	
ľ	Sch: 3/7 Rpt: 10/14	Hansen, Jo				1	hansen	
4	Date	5 Payee name						
L	05/19/2015	Facebook,						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$50.16	1 Hacker V	/ay					
L		Menlo Park	c, CA 94205					
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense			<u></u>	side of Texas. Complete Schedule T.	
						Advertising	X, officeholder living expense	
						Advertising		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht		Office held	
ľ	expenditure to benefit C/O		iccholder hame	Omice 300	agin		Office field	
<u> </u>		.						
	Date	Payee name						
<u> </u>	05/31/2015	Facebook,						
	Amount (\$)	Payee addre	· · · · · · · · · · · · · · · · · · ·	State; Zip Co	ode			
	\$81.90	1 Hacker W	/ay					
		Menlo Park	, CA 94205					
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	Expense			<u>Innual</u>	side of Texas. Complete Schedule T.	
						Advertising	K, officeholder living expense	
						Auvertising		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht		Office held	
	expenditure to benefit C/O		echolder hame	Office 30c	gne		Office ricid	
	Data							
	Date 04/23/2015	Payee name GoDaddy.c	n m					
						······································		
	Amount (\$)	Payee addre	* -	State; Zip Co	ode			
	\$79.54		n Hayden Rd.					
		Suite 219						
		Scottsdale,	AZ 85260					
	PURPOSE	(a) Category (Se	e Categories listed at the top	o of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Over	nead/Rental Expens	se			side of Texas. Complete Schedule T.	
						Website domair	(, officeholder living expense	
						vvebsite domaii	i regisiration	
	Comments of the Control of the Contr	Can 25.4 10.00	an haldar a a a a	~LE	o to 4		Office hald	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offi	cenoider name	Office sou	ynt		Office held	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic		Polling Exper ense Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L		The Instruction Guide	explains how to comp	olete this form.	
1	Total pages Schedule F1: Sch: 4/7 Rpt: 11/14	2 FILER NAME Hansen, Jonathan		1.	B Filer ID hansen
4	Date 06/19/2015	5 Payee name Houston Building Owners & M	anagers Associatio	on .	
6	Amount (\$) \$95.00	7 Payee address; City; 9 Greenway Plaza Suite 100 Houston, TX 77046	State; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Food/Beverage Expense	p of this schedule) (b	<u>Land</u>	tside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sough	t	Office held
F	Date	Payee name			
	06/04/2015	Houston Realty Business Coal	ition		
	Amount (\$) \$50.00	Payee address; City; 1233 West Loop South Suite 900 Houston, TX 77027	State; Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	o of this schedule) (b)	<u></u>	side of Texas. Complete Schedule T. K, officeholder living expense t admission
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sought		Office held
	Date 06/22/2015	Payee name M&N Nameplate & Rubber Star	np		
	Amount (\$) \$28.15	Payee address; City; 8566 Katy Freeway #127	State; Zip Code		
		Houston, TX 77024			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Printing Expense	of this schedule) (b)	<u></u>	side of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held
			TO COMPANY OF THE STATE OF THE		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica	
1	Total pages Schedule F1: Sch: 5/7 Rpt: 12/14	
	Date 05/07/2015	5 Payee name NationBuilder
6	Amount (\$) \$19.00	7 Payee address; City; State; Zip Code 520 South Grand Avenue Second Floor Los Angeles, CA 90071
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign website hosting and related services.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/07/2015	Payee name NationBuilder
	Amount (\$) \$19.00	Payee address; City; State; Zip Code 520 South Grand Avenue Second Floor Los Angeles, CA 90071
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website domain hosting and related services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
•	Date 05/28/2015	Payee name OutSmart Media Company
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3406 Audobon Place
		Houston, TX 77006
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	s/Wag	es/Contract Labor	Travel Out of District OTHER (enter a category no	nt listed above)
 	Total pages Schedule F1:	Ta FILED NAM		expiration		new und	T	
-	-		_			I	3 Filer ID	
L	Sch: 6/7 Rpt: 13/14	Hansen, Jo					jhansen	
4	Date	5 Payee name	3					
	06/20/2015	Paul's Kitch	hen					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	`ode			
	\$19.74	2502 Alger		Ou,,	,U.			
	Ψ±0	2002 / ngu.	ldii vvay					
l_		Houston, T	X 77098					
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)) Description		
	OF EVDENDITUDE		rage Expense	7 or and sometime,	1		outside of Texas, Complete Schedu	ule T.
	EXPENDITURE					Check if Austin,	, TX, officeholder living expense	
							ent featuring Harris Cou	nty Republican
						Party & Demo	ocratic Party Chairmen	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught	[Office held	
	expenditure to benefit C/OI			•	- 5	•		
<u> </u>								
	Date	Payee name						
l _	05/21/2015	VistaPrint N	North America					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode			
	\$287.49	95 Hayden						
	!		, , , , , , , , , , , , , , , , , , , ,					
	!	1instan						
		Lexington, I	MA 02421					
	PURPOSE		ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Printing Exp				hamand .	outside of Texas, Complete Schedul	le T.
	MAF MITTER CO. C.						TX, officeholder living expense	
						Push cards ar	nd business cards	
	Complete ONLY if direct		ceholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OF	4						
	Date	Davae name						
	05/25/2015	Payee name	lorth America					
			····					
	Amount (\$)	Payee addres	* **	State; Zip Co	ode			
	\$107.98	95 Hayden /	Avenue					
		Lexington, N	ΔΔ N2Δ21					
	~ ~ ~ ~ ~ ~ ~ ~ ~		4		r ,			
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description		
	EXPENDITURE	Printing Exp	ense				utside of Texas. Complete Schedule	а Т.
						t	TX, officeholder living expense and business cards	
						Pusii Caius an	IQ DUSINESS carus	
***********************					<u> </u>			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght		Office held	
,	expenditure to benefit C/OH	1						
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politic		Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID
Sch: 7/7 Rpt: 14/14	Hansen, Jonathan	jhansen
4 Date	5 Payee name	<u> </u>
06/03/2015	VistaPrint North America	
6 Amount (\$) \$24.99	7 Payee address; City; State; Zip C 95 Hayden Avenue Lexington, MA 02421	ode
8 PURPOSE	(a) Cotogon	(h) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stamp
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	I Office held
Date	Payee name	
06/22/2015	VistaPrint North America	
Amount (\$) \$210.97	Payee address; City; State; Zip Co 95 Hayden Avenue Lexington, MA 02421	ode
PURPOSE	(a) Catagoni	(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push cards and business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held