

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>DR.</b> FIRST: <b>JOHN</b> MI: <b>P.</b> NICKNAME: _____      LAST: <b>HANSEN</b> SUFFIX: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px;">                 JUL 13 PM 2:20             </td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Postmarked</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received	JUL 13 PM 2:20	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	JUL 13 PM 2:20														
Date Hand-delivered or Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>11714 GALLANT RIDGE LANE</b> <b>HOUSTON, TX 77082</b>														
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <b>(281) 531-9819</b>														
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR.</b> FIRST: <b>C.</b> MI: <b>DONALD</b> NICKNAME: _____      LAST: <b>VAN WART</b> SUFFIX: _____														
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>820 NORTH GESSNER RD., SUITE 1320</b> <b>HOUSTON, TX 77024-4289</b>														
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <b>(713) 464-6478</b>														
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)														
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <b>04 / 15 / 2015</b> THROUGH <b>06 / 30 / 2015</b>														
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>11 / 03 / 2015</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special													
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>ALIEF ISD BOARD OF TRUSTEES, POS. 1</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>HOUSTON COMMUNITY COLLEGE DISTRICT 6 TRUSTEE</b>													
<b>GO TO PAGE 2</b>															

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** DR. JOHN P. HANSEN **15 ACCOUNT # (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

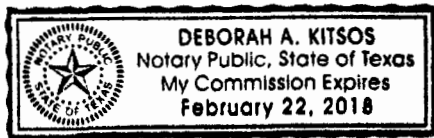
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

JUL 13 PM 2:20

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 26.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1826.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3374.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

### 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John P. Hansen, this the 13 day of July, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Deborah A. Kitsos  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

DR. JOHN P. HANSEN

3 ACCOUNT # (Ethics Commission File #)

4 Date

04-27-2015

5 Full name of contributor

George S. Reed

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

11811 HIGH GROVE DRIVE  
HOUSTON, TX 77077-4128

7 Amount of contribution (\$)  
200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RESTAURANTEUR / OWNER

10 Employer (See Instructions)

GEORGE'S PASTARIA

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>DR. JOHN P. HANSEN</b>		3 ACCOUNT # (Ethics Commission Filers) <b>2015 JUL 13 PM 2:20</b>
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>04-22-2015</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN P. HANSEN</b>	9 Loan Amount (\$) <b>\$5,000.00</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>11714 GALLANT RIDGE LANE HOUSTON, TX 77082</b>	10 Interest rate <b>0</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		13 Employer (See Instructions) <b>DOES NOT APPLY</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <p style="text-align: center;">1</p>		<b>2</b> FILER NAME <p style="text-align: center;">DR. JOHN P. HANSEN</p>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <p style="text-align: center;">04-24-2015</p>		<b>5</b> Payee name <p style="text-align: center;">AB COMMUNICATIONS</p>		<div style="text-align: center;">2015 JUL 3 PM 2:20</div>	
<b>6</b> Amount (\$) <p style="text-align: center;">\$600.00</p>		<b>7</b> Payee address; City; State; Zip Code <p style="text-align: center;">9600 GLENFIELD COURT, SUITE 148 HOUSTON, TX 77096-3869</p>			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <p style="text-align: center;">POLITICAL CONSULTANT</p>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <p style="text-align: center;">CONSULTING SERVICE</p>		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <p style="text-align: center;">DR. JOHN P. HANSEN</p>		Office sought <p style="text-align: center;">HCC DISTRICT 6</p>	
		Office held <p style="text-align: center;">ALIEFISD POS1</p>			
Date	Payee name				
<p style="text-align: center;">05-22-2015</p>	<p style="text-align: center;">AB COMMUNICATIONS</p>				
Amount (\$)	Payee address; City; State; Zip Code				
<p style="text-align: center;">\$600.00</p>	<p style="text-align: center;">9600 GLENFIELD COURT, SUITE 148 HOUSTON, TX 77096-3869</p>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align: center;">POLITICAL CONSULTANT</p>		Description (If travel outside of Texas, complete Schedule T) <p style="text-align: center;">CONSULTING SERVICE</p>		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <p style="text-align: center;">DR. JOHN P. HANSEN</p>		Office sought <p style="text-align: center;">HCC DISTRICT 6</p>	
		Office held <p style="text-align: center;">ALIEFISD POS. 1</p>			
Date	Payee name				
<p style="text-align: center;">06-19-2015</p>	<p style="text-align: center;">AB COMMUNICATIONS</p>				
Amount (\$)	Payee address; City; State; Zip Code				
<p style="text-align: center;">\$600.00</p>	<p style="text-align: center;">9600 GLENFIELD COURT, SUITE 148 HOUSTON, TX 77096-3869</p>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align: center;">POLITICAL CONSULTANT</p>		Description (If travel outside of Texas, complete Schedule T) <p style="text-align: center;">CONSULTING SERVICE</p>		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <p style="text-align: center;">DR. JOHN P. HANSEN</p>		Office sought <p style="text-align: center;">HCC DISTRICT 6</p>	
		Office held <p style="text-align: center;">ALIEFISD POS. 1</p>			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

DR. JOHN P. HANSEN

3 ACCOUNT # (Ethics Commission #)

4 Date

05-12-2015

5 Name of person from whom amount is received

FROST BANK

6 Address of person from whom amount is received; City; State; Zip Code

811 MAIN STREET, SUITE 100  
HOUSTON, TX 77002

8 Amount

\$0.00

7 Purpose for which amount is received

INTEREST EARNED

2015 JUN 2:20 PM

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED