



CANDIDATE CAMPAIGN FILE COVER SHEET

☒ ORIGINAL☐ REVISED

Candidate Name	Sandy Cohen		
Residence Address	16410 Fairway Woods Drive, Unit 402		
City and Zip Code	Fort Myers 33908		
Mailing Address	<input checked="" type="checkbox"/> Check if same as above. <input type="checkbox"/> Check if different from residence.		
Telephone Number(s)	<input checked="" type="checkbox"/> Daytime (list below) 239-481-5879	OR	<input checked="" type="checkbox"/> Alternate (list below) 239-233-9299
Campaign Email Address	scohen@med.wayne.edu		
Campaign Website			
Office Sought	Lee Memorial Health System Board of Directors		
Area, District, Group or Seat #	District 3		
<p>➔ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.</p> <p>➔ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
➔ Political Party for Office Sought	N/A		
Date of Birth or Voter Registration ID #	June 12, 1935		
Date	April 25, 2016		
Candidate Signature			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <http://www.lee.vote/campaigns/candidate-packets/> and <http://www.lee.vote/campaigns/candidate-finance-reports/>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. Do not hesitate to contact this office at (239) LEE-VOTE (239-533-8683) for more information about becoming a candidate for public office.

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

*16APR25PM0348 SOE Lee Co FI

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Sandy N. Cohen

3. Address (include post office box or street, city, state, zip code)

16410 Fairway Woods Drive, #402
Fort Myers, FL 33908

4. Telephone

(239) 481-5879

5. E-mail address

scohen@med.wayne.edu

6. Office sought (include district, circuit, group number)

Lee Memorial Health System, Board of Directors
District 3

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Sandra H. Cohen

11. Mailing Address

16410 Fairway Woods Drive, #402

12. Telephone

(239) 481-5879

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33908

17. E-mail address

shcohen77@hotmail.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust

20. Address

12751 New Brittany Blvd., Ste 200

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33907

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 25, 2016

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Sandra H. Cohen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

April 25, 2016

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

*16APR25PM0348 SDE Lee CoFl

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☒ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Sandy N. Cohen

3. Address (include post office box or street, city, state, zip code)

16410 Fairway Woods Drive, #402
Fort Myers, FL 33908

4. Telephone

(239) 481-5879

5. E-mail address

scohen@med.wayne.edu

6. Office sought (include district, circuit, group number)

Lee Memorial Health System, Board of Directors
District 3

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Steven M. Brettholtz

11. Mailing Address

12671 Whitehall Drive

12. Telephone

(239) 939-5775

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33907

17. E-mail address

s.brettholtz@mbcopa.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust

20. Address

12751 New Brittany Blvd, Ste 200

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

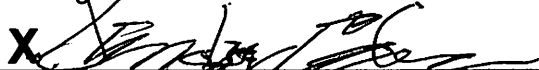
33907

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 25, 2016

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Steven M. Brettholtz, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

April 25, 2016

Date



Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

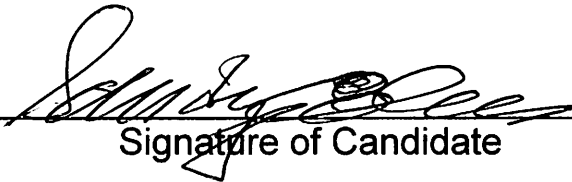
OFFICE USE ONLY
16APR25PM0348 SUE L. COHEN

I, Sandy N. Cohen,

candidate for the office of Lee Memorial Health System, Board of Directors, District 3 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

April 25, 2016
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).