

(Revised 04/19/16)

## CANDIDATE OATH

LEE MEMORIAL HEALTH SYSTEM

LEE COUNTY TRAUMA SERVICES

BOARD OF DIRECTORS

NONPARTISAN OFFICE

\*16JUN20PM 2 11 SDE LEE CO FL

### OFFICE USE ONLY

Lee Memorial Health System candidates must use this Candidate Oath for candidate-qualifying purposes.

## OATH OF CANDIDATE

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, Sandy Cohen

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 3,  
(office) (district #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X

[Signature]  
Signature of Candidate

(239) 481-5879

Telephone Number

scohen@med.wayne.edu

Email Address

16410 Fairway Woods Drive, #402

Address

Fort Myers

City

FL

State

33908

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111297926

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

N/A

STATE OF FLORIDA

COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 14<sup>th</sup> day of June, 2016.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

[Signature]  
Signature of Notary Public

Print Type of Stamp, Commissioned Name of Notary Public



CHERYL FUTCH  
Notary Public - State of Florida  
My Comm. Expires Feb 22, 2018  
Commission # FF 86052

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2015**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME – FIRST NAME – MIDDLE NAME :

Cohen Sandy Ned

MAILING ADDRESS :

16410 Fairway Woods Drive

Unit 402

CITY :

ZIP :

COUNTY :

Fort Myers

33908

Lee

NAME OF AGENCY :

Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board of Directors

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

16JUN20PM 2 11 SDE LEE CO FL

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2015 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A – PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
J.W. Cole Financial	4301 Anchor Plaza, Suite 450, Tampa, FL 33634	Financial Investment
Steadfast Companies	P.O. Box 219097, Kansas City, MO 64121-9097	Financial Services
FS Investments	P.O. Box 219095, Kansas City, MO 64121-9095	Financial Investment
PLEASE SEE	ATTACHED PAGE FOR	ADDITIONAL ITEMS

**PART B – SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C – REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

N/A

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

Cohen, Sandy

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FORM 1

**STATEMENT OF  
FINANCIAL INTERESTS  
(Page 1 continued)**

2015

**PART A (continued) – PRIMARY SOURCES OF INCOME [Major sources of income to  
the report person – See instructions]  
(If you have nothing to report, you must write “none” or “n/a”)**

<b>NAME OF SOURCE OF INCOME</b>	<b>SOURCE'S ADDRESS</b>	<b>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</b>
<b>Allianz Life Insurance</b>	<b>P.O. Box 1344, Minneapolis, MN 55416-1297</b>	<b>Insurance and Asset Management</b>
<b>AXA Equitable</b>	<b>P.O. Box 1047, Charlotte, NC 28201-1047</b>	<b>Life Insurance, Annuities, Retirement &amp; And Investments</b>
<b>Social Security</b>	<b>6401 Security Blvd. Baltimore, MD 21235</b>	<b>US Government Retirement</b>

Cohen, Sandy

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FORM 1

STATEMENT OF  
FINANCIAL INTERESTS  
(Page 2 continued)

2015

PART D (continued) – INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates  
of deposit, etc.]

(If you have nothing to report, you must write “none” or “n/a”)

<u>TYPE OF INTANGIBLE</u>	<u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u>
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<u>Checking and Savings Accounts</u>	<u>Chase Bank</u>
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<u>403(b)</u>	<u>AXA Equitable</u>
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**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

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TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Allianz
PLEASE SEE	ATTACHED PAGE FOR ADDITIONAL ITEMS

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Infiniti Financial Services	P.O. Box 60124, City of Industry, CA 91716-01242
USAA Federal Savings Bank	10750 McDermott Freeway, San Antonio, Texas 78288

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	N/A	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:



Date Signed:

April 25, 2016

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**Facsimiles will not be accepted.**

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. **Candidates** must file at the same time they file their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

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**LEE COUNTY ELECTIONS**  
Canvassing Board Meetings and Logic and Accuracy Testing Schedule  
Sharon L. Harrington, Supervisor of Elections  
04/25/16  
(239) LEE-VOTE (533-8683)  
www.lee.vote

**General Election  
November 8, 2016**

**Early Voting Schedule and Information**

Dates, Times and Locations  
Monday, October 24, 2016 through Saturday, November 5, 2016 (excluding Sunday, October 30, 2016)  
10:00 a.m. to 7:00 p.m.

1.	6.	25987 S. TAMIAHMI TRAIL, #105, BONITA SPRINGS	LEE COUNTY ELECTIONS OFFICE
2.	7.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	CAPE CORAL
3.	8.	CAPE CORAL LEE COUNTY LIBRARY 921 SW 39TH TER., CAPE CORAL	NORTHWEST REGIONAL LIBRARY 519 CHINGUITA BLVD. N., CAPE CORAL
4.	9.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	VETERANS PARK RECREATION CENTER 9200 CORNSCREW PALMS BLVD., LEHIGH ACRES
5.	10.	ESTERO RECREATION CENTER 9200 CORNSCREW PALMS BLVD., ESTERO	

**LEE COUNTY ELECTIONS**  
Canvassing Board Meetings and Logic and Accuracy Testing Schedule  
Sharon L. Harrington, Supervisor of Elections  
04/25/16  
(239) LEE-VOTE (533-8683)  
www.lee.vote

**Primary Election  
August 30, 2016**

**Early Voting Schedule and Information**

Dates, Times and Locations  
Saturday, August 20, 2016 THROUGH Saturday, August 27, 2016  
(including Sunday, August 21, 2016)  
10:00 a.m. to 7:00 p.m.

1.	6.	BONITA SPRINGS—ELECTIONS OFFICE 25987 S. TAMIAHMI TRAIL, #105, BONITA SPRINGS	LEE COUNTY ELECTIONS OFFICE
2.	7.	CAPE CORAL—ELECTIONS OFFICE 1039 SE 9TH AVE., CAPE CORAL	NORTH FOR MYERS RECREATION CENTER 13180 S. CLEVELAND AVE., FORT MYERS
3.	8.	CAPE CORAL REGIONAL LIBRARY 921 SW 39TH TER., CAPE CORAL	NORTHWEST REGIONAL LIBRARY 519 CHINGUITA BLVD. N., CAPE CORAL
4.	9.	EAST COUNTY REGIONAL LIBRARY 881 GUNNERY RD., LEHIGH ACRES	SCHANDLER HALL COMMUNITY PARK 419 ROYAL PALM PARK RD., FORT MYERS
5.	10.	ESTERO RECREATION CENTER 9200 CORNSCREW PALMS BLVD., ESTERO	VETERANS PARK RECREATION CENTER 55 SOUTH HOMESTEAD RD., LEHIGH ACRES

DATE	TIME	EVENT	LOCATION	PURPOSE
08-17-16	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S. Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day
08-17-16	immediately following	tabulators	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote by mail ballot equipment to be used in the election
08-25-16	Thursday at 9:00 AM	initial canvass of the vote-by-mail ballots received to date	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	received to date
08-25-16	Thursday at 3:00 PM	review of vote-by-mail ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots
08-30-16	4:00 PM	receive "unofficial" election night results	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results
09-02-16	1:00 PM	canvass of provisional ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit
09-02-16	9:00 AM	post-election manual audit	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post election manual audit

I have received a copy of the Canvassing Board Meetings and Logic and Accuracy Testing Schedules for the August 30, 2016 Primary Election and the November 8, 2016 General Election. I understand that I can access OR receive a copy of these schedules at the Lee County Supervisor of Elections website www.lee.vote or by calling (239) LEE-VOTE (533-8683).

Candidate Signature: Sharon L. Harrington Print Name: Sharon L. Harrington Date Signed: 6/14/2016

DATE	TIME	EVENT	LOCATION	PURPOSE
10-19-16	9:00 AM	logic and accuracy testing	Lee County Election Center 13180 S. Cleveland Ave., Fort Myers	Test, by a random method of selection, the voting machines to be used in the election during early voting and at the precincts on Election Day
10-19-16	immediately following	test vote by mail ballot tabulators	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Test the vote-by-mail ballot tabulating equipment to be used in the election
10-26-16	9:00 AM	initial canvass of the vote by mail ballots received to date	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	received to date for the election
10-28-16	Friday at 9:00 AM	review of vote-by-mail ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots
11-03-16	Thursday at 7:00 PM	review of vote-by-mail ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results
11-08-16	4:00 PM	review of vote-by-mail ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Review of vote-by-mail ballots and receive "unofficial" election night results
11-11-16	3:00 PM	canvass of provisional ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass of provisional ballots, if any. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit
11-18-16	9:00 AM	canvass and count overseas vote-by-mail ballots	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Canvass and count overseas vote-by-mail ballots. Official certification of the election. Canvassing Board to randomly select a race and precinct(s) to be audited in the post-election manual audit
11-21-16	9:00 AM	post election manual audit	Lee County Election Office Constitutional Complex 2480 Thompson St., Fort Myers	Post-election manual audit. The results will be announced immediately following the completion of the post election manual audit