

\*12MAY29PM 3 54 SOE LEE CO F1

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

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

(PLEASE PRINT OR TYPE)

111297926

COHEN, SANFORD NED  
#402  
16410 FAIRWAY WOODS DR  
FORT MYERS FL 33908

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

### 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 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

33908

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

FIRST Citizens Bank

20. Address

13525 Bell Tower Dr

21. City

FORT MYERS

22. County

LEE

23. State

FLORIDA

24. Zip Code

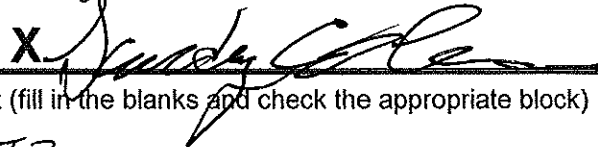
33907

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

MAY 29, 2012

26. Signature of Candidate

X 

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.

MAY 29, 2012  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer

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

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

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COHEN, SANFORD NED  
#402  
16410 FAIRWAY WOODS DR  
FORT MYERS FL 33908

111297926

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**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 DR #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, DISTRIC 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

SANDY H. COHEN

11. Mailing Address

16410 FAIRWAY WOODS DR #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

FIRST CITIZENS BANK

20. Address

13525 BELL TOWER DR

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

05-29-2012

26. Signature of Candidate



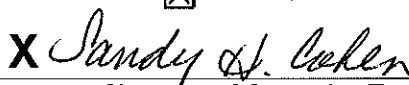
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

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

designated above as:     Campaign Treasurer     Deputy Treasurer.

05-29-2012

Date



Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print name)

111297926

COHEN, SANFORD NED  
#402  
16410 FAIRWAY WOODS DR  
FORT MYERS FL 33908

I, \_\_\_\_\_,

candidate for the office of Lee Memorial Health System, Board of ;  
District 3 Director  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X  5/29/12  
Signature of Candidate 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).