

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) SANDY COHEN  
Name

(2) 16410 FAIRWAY WOODS DR #402, FORT MYERS, FL  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/29/2012 To 10/12/2012 Report Type G3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 3,104.00

Loans    \$ 0.00

Total Monetary    \$ 3,104.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 1,734.40

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 1,734.40

(8) Other Distributions    \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 10,779.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 7,258.24

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

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(Type name) \_\_\_\_\_

(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SANDY COHEN (2) I.D. Number 411  
 9/29/2012 10/12/2012  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/2/2012 / /	COHEN, ANDREW B 8232 HENDRIE HUNTINGTON WOODS, MI 48070	I	recycling business	CH			\$150.00
1							
10/2/2012 / /	WILKE, CHARLOTTE ANN P.O. BOX 61134 FORT MYERS, FL 33906-1134	I		CH			\$50.00
2							
10/3/2012 / /	GOLDBERGER, JACOB 1220 KASAMADA DRIVE FORT MYERS, FL 33919-1623	I	physician	CH			\$250.00
3							
10/5/2012 / /	LIU, WILLIAM 9009 LAGOON COURT FORT MYERS, FL 33908	I		CH			\$100.00
4							
10/3/2012 / /	ANDERSON, CYRUS 17920 GREY HERON COURT FORT MYERS BEACH, FL 33931	I	radiologi st	CH			\$500.00
5							
10/3/2012 / /	DYKE, VALERIE 2071 SE 28TH STREET CAPE CORAL, FL 33904	I		CH			\$100.00
6							
10/3/2012 / /	HART, LOWELL 13733 PINE VILLA LANE FORT MYERS, FL 33912	I	physician	CH			\$500.00
7							
10/3/2012 / /	IDELSON, LINDA 13792 PINE VILLA LANE FORT MYERS, FL 33912	I	homemaker	CH			\$254.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SANDY COHEN (2) I.D. Number \_\_\_\_\_  
 9/29/2012 10/12/2012  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10/3/2012 / /	KATIN, MICHAEL 2770 COLONIAL BLVD. FORT MYERS, FL 33907	I physician	CH			\$250.00
9						
10/3/2012 / /	LARREA, MILTON 5812 TALLOWOOD CIRCLE FORT MYERS, FL 33919	I director of pharmacys erv	CH			\$150.00
10						
10/3/2012 / /	REYNOLDSON, MUNI 13281 PONDEROSA WAY FORT MYERS, FL 33907	I	CH			\$100.00
11						
10/3/2012 / /	RADIOLOGY REGIONAL CENTER, 3660 BROADWAY AVENUE FORT MYERS, FL 33901	I radiology center	CH			\$500.00
12						
10/3/2012 / /	BLOMQUIST, ROBERT 16060 KELLY COVE DRIVE FORT MYERS, FL 33908	I physician	CH			\$200.00
13						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name SANDY COHEN

(2) I.D. Number 411

(3) Cover Period 9/29/2012 through 10/12/2012

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/31/2002 //	PAYPAL,	processing fee	MO		\$3.20
1					
10/5/2012 //	PAYPAL,	processing fee	MO		\$3.20
2					
10/12/2012 //	BREEZE NEWSPAPERS, 2510 DEL PRADO BLVD. CAPE CORAL, FL 33904	advertisi ng	MO		\$1,728.00
3					
//					
//					
//					
//					