

**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 11/2/2012 To 2/4/2013 Report Type TRG

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 2,345.61

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,345.61

(8) Other Distributions \$ 0.00

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

\$ 12,879.00

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

\$ 12,879.00

**(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)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name)

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

**X**

Signature

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SANDY COHEN (2) I.D. Number 411

11/2/2012 through 2/4/2013

(3) Cover Period    /    /    through    /    /    (4) Page 1 of 0

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

(1) Name SANDY COHEN

(2) I.D. Number 411

(3) Cover Period 11/2/2012 through 2/4/2013

(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					
11/12/2012 //	Simplify PR, 13451-31 McGregor Blvd. Fort Myers, FL 33919	marketing consulting and design	MO		\$734.00
1					
11/12/2012 //	Cohen, Sanford 16410 Fairway Woods Drive Fort Myers, FL 33908	reimburse for bob's top end and artype invoices	MO		\$858.60
2					
11/27/2012 //	Simplify PR, 13451-31 McGregor Blvd. Fort Myers, FL 33919	ad placement  partial payment	MO		\$753.01
3					
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