

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SANDY COHEN  
 Name  
 (2) 16410 FAIRWAY WOODS DR; UNIT 402  
 Address (number and street)  
FORT MYERS, FL 33908  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1234392]

Submitted on:  
 10/11/2020 12:27:08 (eastern)

Check here if address has changed (3) ID Number: 1580

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-3

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 3 / 2020 To 10 / 9 / 2020 Report Type: 20G5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 150 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 150 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

**(8) Other Distributions**  
 \$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      , 19 , 566 . 04

**(10) TOTAL Monetary Expenditures To Date**  
 \$      , 18 , 967 . 68

### (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:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SANDY COHEN (2) I.D. Number 1580  
 10/3/2020 through 10/9/2020  
 (3) Cover Period / / through / / (4) Page 1 of 1

(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
10/8/2020 / /	Kaye, Richard W 12415 McGregor Woods Circle Fort Myers, FL 33908-2443	I	retired	CH			\$150.00
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/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name SANDY COHEN

(2) I.D. Number 1580

(3) Cover Period 10/3/2020 through 10/9/2020

(4) Page 1 of 0

(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					
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