

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2016**

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

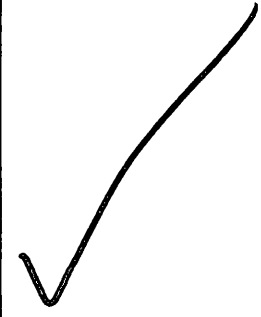
CITY : ZIP : COUNTY :  
Fort Myers 33908 Lee

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



pm 6/7

17JUN08PM0853 SDE Lee Co FI

**\*\*\*\* 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, 2016 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 336	Financial Investment
Steadfast Companies	P.O.Box 219097, Kansas City, MO 64121-9097	Financial Services
FS Investments	P.O.Box 219097, Kansas City, MO 64121-9097	
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.

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

**PART A (continued) – PRIMARY SOURCES OF INCOME** (Major sources of income to the reporting person). 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 &amp; Asset Management</b>
<b>AXA Equitable</b>	<b>P.O. Box 1047 Charlotte, NC 28201-1047</b>	<b>Life Insurance, Annuities, Retirement and Investments</b>
<b>Social Security</b>	<b>6401 Security Blvd., Baltimore, MD 21235</b>	<b>US Government Retirement</b>
<b>Lee Memorial Health Systems</b>	<b>P.O. Box 2218, Fort Myers, FL 33902</b>	<b>Health System Board of Directors</b>

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
IRA	Allianz
PLEASE SEE	ATTACHED PAGE FOR ADDITIONAL ITEMS

<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
USAA Federal Savings Bank	10750 McDermott Freeway, San Antonio, Texas 78288


<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a")		
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	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: 6/5/2017

**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:**

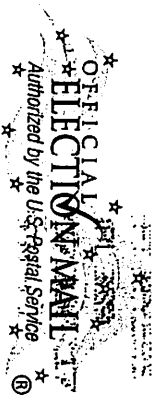
<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b><u>Facsimiles will not be accepted.</u></b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> 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.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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. <b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
---	--	---

**STATEMENT OF  
FINANCIAL INTERESTS  
(Page 2 continued)**

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, write "none" or "n/a")

<u>TYPE OF INTANGIBLE</u>	<u>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</u>
<u>Checking and Savings Accounts</u>	<u>Chase Bank</u>
<u>403(b)</u>	<u>AXA Equitable</u>

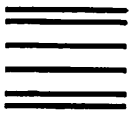
17 JUN 09 AM 10:24 90E L# C# FL



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-9888



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

