

APPOINTMENT OF CAMPAIGN TREASURER
AND **DESIGNATION OF CAMPAIGN DEPOSITORY**
FOR NON-PARTISAN CANDIDATES

(DS-DE 9A)

(Section 106.021(1), Florida Statutes)
(Please Type)

CHECK APPROPRIATE BOX

&Original Appointment

Deputy Treasurer

Reappointment of Treasurer

Secondary Depository

Name of Candidate <u>Leslie A. Coggins Sr</u>		1. Address (Include P.O. Box or street, city, State, zip Code) <u>18621 Telegaph Creek Lane Ft. Lee Fla 33920</u>	
Telephone (Optional) <u>813 694 6986</u>	2. Office (Add District, Circuit or Group Number) <u>Hospital Board District #4</u>		

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

3. Name <u>ARNOLD L. SARLO</u>			
4. Mailing Address (If Post Office Box or Drawer, add Street Address) <u>P.O. Box 1169</u>			6. Telephone <u>332-1955</u>
6. City <u>FT. MYERS</u>	7. County <u>LEE</u>	8. State <u>FL</u>	9. Zip Code <u>33902</u>

I have designated the following named bank as my Primary Depository Secondary Depository

10. Bank Name <u>BARNETT BANK</u>		11. Street Address <u>2000 MAIN</u>	
12. City <u>FT MYERS</u>	13. County <u>LEE</u>	14. State <u>FL</u>	15. Zip Code <u>33901</u>

I will notify you of any additions or changes to these appointments.

16. Signature of Candidate <u>Leslie A. Coggins Sr.</u>	Date <u>7-19-94</u>
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Campaign Treasurer's Acceptance of Appointment

I, ARNOLD L SARLO, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of LESLIE A COGGINS SR
who is seeking election as a candidate to the office of HOSPITAL BOARD #4

As a duly registered voter in LEE County, Florida, I am qualified to accept this appointment.

7/19/94
Date

Arnold L. Sarlo
Signature of Campaign Treasurer or
Deputy Treasurer

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1993

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: EITHER DECEMBER 31, 1993 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:	NAME OF AGENCY: Hospital Board of Directors of Lee County d/h/a Lee Memorial Hospital <input checked="" type="checkbox"/> LOCAL OFFICER OFFICE OR POSITION HELD: Treasurer <input type="checkbox"/> STATE OFFICER OFFICE HELD: SPECIFIED STATE POSITION HELD: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CANDIDATE OFFICE SOUGHT:
LAST NAME - FIRST NAME - MIDDLE NAME: Coggins, Lester A., Sr.	
MAILING ADDRESS: 2671 E. Edison Avenue, P.O. Box 69 CITY: Fort Myers, Florida ZIP: 33902 COUNTY: Lee	

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.
 FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
 OTHER FORMS you may need to file are described on page 6.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income¹

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lester Cogg Trucking	Fort Myers, Florida	Truck Transportation

PART B—SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
None	✓	H S I S U E S S U E S

PART C — REAL PROPERTY [Land, buildings]

Telegraph Creek Property, Route 78, near Alva, FL (1/4 interest)	H M S I S S U E S
Commercial Building, Fort Myers, Florida	
Commercial Building, Apopka, Florida	
Commercial Building, Streetsboro, Ohio	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Common Stock	Lester Coggins Trucking, Inc.

LEE COUNTY CANVASSING BOARD
SCHEDULE OF MEETINGS

CONSTITUTIONAL COMPLEX
Third Floor - Ballot Counting Room

FIRST PRIMARY

Wednesday, September 7, 1994

1:00 PM

Logic & Accuracy Test

Thursday, September 8, 1994

8:00 AM

Canvass of Absentee Ballots

SECOND PRIMARY

Monday, October 3, 1994

1:00 PM

Logic & Accuracy Test

Tuesday, October 4, 1993

8:00 AM

Canvass of Absentee Ballots

GENERAL ELECTION

Monday, November 7, 1994

1:00 PM

Logic and Accuracy Test

Tuesday, November 8, 1994

8:00 AM

Canvass of Absentee Ballots

You are invited to attend the public Logic and Accuracy Test (testing of the ballot tabulating equipment) and the canvass of the absentee ballots. We anticipate the logic and accuracy testing to **require** approximately one hour. Canvass of the absentee ballots will take only a few minutes.
(P.S. 101.5612) (F.S. 101.68)

If you should have further questions, please do not hesitate to call 1X9-6300.

Philinda A. Young
Supervisor of Elections

I hereby acknowledge that I have received notification of the dates and times for certification of the ballot counting equipment and the canvassing of absentee ballots.

RECEIVED BY

Scott G. Engle Sr.

DATE

7-19-94

PAY/bb

STATEMENT OF CANDIDATE

F.S. 106.023

Each candidate must file a statement with the qualifying officer within 10 days after he files his appointment of campaign treasurer and designation of campaign depository, stating that he has read and understands the requirements of this chapter.

STATEMENT OF CANDIDATE

I, Hester A. Coppins Sr., candidate for the office of Florida House District #41, have received, read, and understand the requirements of Chapter 106, Florida Statutes.

Hester A. Coppins Sr.
Signature of Candidate:

7-19-94
Date:

This document must be signed and returned to the **office** of the Supervisor of Elections within 10 days.

Send to:

Qualifying Officer
Elections **Office**
Post Office Box 2545
Fort Myers, FL 33902

or

Return to:

Lee County Constitutional Complex
Elections Office-Third Floor
2480 Thompson Street
Fort Myers, FL 33901

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 339-6300.

PHILINDA A. YOUNG
SUPERVISOR OF ELECTIONS

Lester A. Cuggins Sr.
Campaign Account

0086
63-713/870
14

July 14 1974

PAY TO THE ORDER OF Supervisor of Elections

\$ 275⁰⁰

Two Hundred Seventy Five and 00/100 DOLLARS

Barnett Bank
063-014
2000 Main Street
Fort Myers, Florida 33901

FOR Lester A. Cuggins Sr.

⑈000086⑈ ⑆067007130⑆

1633051874⑈

GUARANTY SAFETY
SCARLE AMERICAN SA

LOYALTY OATH
For Candidates for Public Office
Sections 876.05-876.10, 99.021, Florida Statutes
AGO 071-249

STATE OF FLORIDA _____ Lee County
I, Lester A. Coon, Jr., a citizen of the State of Florida and of the
United States of America, . . . and a candidate for public office . . . do hereby **solemnly** swear
or **affirm** that I **will** support the Constitution of the **United** States and of the State of **Florida**.

Lester A. Coon, Jr.
Signature of Candidate

OATH OF CANDIDATE
(Section **99.021(1)(a)**, Florida Statutes)

Before me, an officer authorized to administer oaths, personally appeared
Lester A. Coon, Jr.
(Please Print Name as you Wish it to Appear on the Ballot)
to me **well** known, who, being sworn, says he is a candidate **for** the office of
Hospital Board District #4
(Include Circuit, District or Group Number); that he **is**
a qualified elector of Lee County, Florida; that he **is** qualifii under
the Constitution and the Laws of Florida to hold the office to which he desires to be nominated
or elected; that he has qualifii for no other public office **in** the stat-s, the term Of which offii
or any part thereof runs concurrent with the office he seeks; and that he **has resigned** from **any**
office from which he **is required to** resign **pursuant to Section 99.012**, Florida Statutea.

Lester A. Coon, Jr.
Signature of Candidate

18621 Telephone Creek Road
Address

Lee FL 33720
City State Zip

Sworn to and subscribed before me this 19th day of July, 1994
Fatsy R. Gass
(Signature of Officer Administering Oath or of Notary Public — State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
OFFICIAL NOTARY SEAL
FATSY R. GASS
NOTARY PUBLIC, STATE OF FLORIDA
COMMISSION NO. 10000795
MY COMMISSION EXP. APR. 14, 1997

Personally **Known** OR Produced Identification
Type of Identification Produced _____

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT

SUMMARY SHEET (DS-DE 12)

Coggins, Lester A., Sr.

Candidate's name (Last, Suffix, First, Middle) OR
Political Committee, CCE, or Party Name

18621 Telegraph Creek Lane

Address (Number and Street)

Alva, FL 33920-3117

City State Zip Code

Candidate Committee of Continuous Existence

Political Committee Party Executive Committee

Campaign depository or bank account number _____

Identification Number (Assigned by Division of Elections)

Member of Bd. of Directors
Lee Memorial Hospital

Office Sought (Include District, Circuit and Group Number ,

Check box if address has changed since last report.

Check here if PC or CCE has disbanded and will no longer file reports.

TYPE OF REPORT

(Check Appropriate Box)

Cover Period: From 7/14/94 To _____

QUARTERLY REPORTS

January

April

July

October

SPECIAL ELECTION

TERMINATION REPORT (CANDIDATE'S ONLY)

FIRST PRIMARY

32nd day prior

18th day prior

4th day prior

SECOND PRIMARY

18th day prior

4th day prior

GENERAL ELECTION

18th day prior

4th day prior

THIS REPORT IS AN AMENDMENT

INDEPENDENT EXPENDITURE REPORT

REPORT

SEP 21
SUFFRAGE

SEP 21 1994

CERTIFICATION

FINAL REPORT

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

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

Arnold L. Sarlo

Type Name of Treasurer Deputy Treasurer

Arnold L. Sarlo

Signature

Lester A. Coggins, Sr.

Type Name of Candidate Chairman (PC/Party Only)

Lester A. Coggins Sr.

Signature

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT
SUMMARY SHEET (DS-DE 12) CON'T**

CONTRIBUTIONS	COLUMN 1 Cash & Checks	COLUMN 2 Loans	COLUMN 3 Total Monetary (COL. 1 + 2)	COLUMN 4 In-Kind
A. Contributions Brought Forward From Previous Report, If Any	 			
B. Contributions This Report	\$300.00		\$300.00	
C. Total Contributions (Add Lines A + B)	\$300.00		\$300.00	-0-

EXPENDITURES	COLUMN 2 Surplus Funds	COLUMN 3 Total Monetary	COLUMN 4 In-Kind
D. Expenditures Brought Forward from Previous Rep-t. If Any	- 0 -	- 0 -	-0-
E. Expenditures This Report (Excluding Transfers to Office Account)		 300.00	
F. Transfers To Office Account (Candidates Only)		 	
C. Total Expenditures (Add Lines D + E + F)		300.00	-0-

FINAL REPORT

BALANCE	COLUMN 3 Total Monetary
H. Balance in Account at End of Prior Year (Political Committees, CCEs, and Party Executive Committees Only)	-0-
I. Total Monetary Contributions (From Line C , Column 3 Above)	300.00
J. Total Expenditures (From Line G , Column 2 + 3 Above)	300.00
K. ACCOUNT BALANCE (Line H + Line I - Line J)	-0-

SEP 2 1 42 PM '94
STATE OF FLORIDA
DIVISION OF ELECTIONS

ITEMIZED EXPENDITURES CDS-DE 14)

Cover Period: 7/19/94 through 9/20/94

Page 1 of 1

Lester A. Coggins, Sr.
 Name of Candidate, Political Committee, Committee of Continuous Existence or Party Executive Committee

Total Amount Spent for Petty Cash Purposes During the Reporting Period \$ -0-

Transfer of Funds to Interest Bearing Account OR Certificate of Deposit from Campaign Account				
Name of Financial Institution		Nature of Account		Amount
Barnett Bank		Campaign Fund		\$300.00
Date	Full Name, Mailing Address and Zip Code	*Office Sought	Purpose of Expenditure	Amount
1.	Supervisor of Elections Lee Cy. FL	Board Member Lee Memorial Hospital	Qualifying Registration Fee	\$275.00
2.	Barnett Bank Fort Myers, FL 33901	"	Bank Service Charge	13.00
3.	Lester A. Coggins, Sr. 18621 Telegraph Creek Lane Alva, FL 33920-3117	"	Close out of Bank Account	12.00
4.				
5.				
5.				
7.				
3.				
7.				
10.				

FINAL REPORT

SEP 21 1 13 PM '94
 SUPERVISOR OF ELECTIONS

• If expenditure is a contribution to a candidate, please give the office sought (include district, circuit and group number).