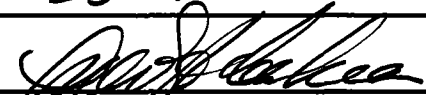


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

ORIGINAL

REVISED

(PLEASE CHECK ONE)

Candidate Name	LESLIE H. COCHRAN		
Residence Address	18961 KNOLL LANDING DRIVE		
City and Zip Code	FT. MYERS FL 33908		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239 267-4755	OR	239 777-7646
Email Address	LESS60V@LES.COCHRAN.COM		
Office Sought	LEE COUNTY SCHOOL BOARD		
Area, District, Group Or Seat Number	DISTRICT 3		
Political Party (if applicable for office sought)	NON-PARTISAN		
Date Of Birth Or Voter ID #	4-24-39		
Date	3-25-11		
Candidate Signature	X 		

All information on this form becomes a public record upon receipt by the Lee County Supervisor of Elections.

Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

LES COCHRAN

3. Address (include post office box or street, city, state, zip code)

18961 KNOLL LANDING DR.

4. Telephone

(239) 267-4755

5. E-mail address

LESSGOV@LESCOCHRAN.COM

6. Office sought (include district, circuit, group number)

LEE COUNTY SCHOOL BOARD DIST 3

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

BILL ABBOTT

11. Mailing Address

18920 KNOLL LANDING DRIVE

12. Telephone

(239) 415-3779

13. City

FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33908

17. E-mail address

WILLABB1@COMCAST.NET

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

REGIONS

20. Address

18940 SOUTH THUNDER TRAIL

21. City

FT. MYERS

22. County

LEE

23. State

FL

24. Zip Code

33908

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

3-25-11

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, BILL ABBOTT, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3-25-11

Date

X

Bill Abbott

Signature of Campaign Treasurer or Deputy Treasurer

*11MAR25PM0402 SOELEE Co F1

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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OFFICE USE ONLY

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4. Telephone

(239) 267-4755

5. E-mail address

LESSGOV@LES COCHRAN.COM

6. Office sought (include district, circuit, group number)

LEE COUNTY SCHOOL BOARD DIST 3

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My intent is to run as a Write-In candidate.

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Write-In No Party Affiliation _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

LES COCHRAN

11. Mailing Address

18961 KNOLL LANDING DR

12. Telephone

(239) 267-4755

13. City: FT. MYERS 14. County: LEE 15. State: FL 16. Zip Code: 33908 17. E-mail address: LESSGOV@LES COCHRAN.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

REGIONS

20. Address

18940 SOUTH TAMPAH TRAIL

21. City: FT. MYERS 22. County: LEE 23. State: FL 24. Zip Code: 33908

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

3-25-11

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, LES COCHRAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3-25-11

X



Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, LES COCHRAN,

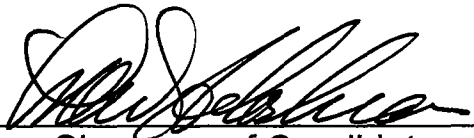
candidate for the office of LEE COUNTY SCHOOL BOARD ;

District 3

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

3-25-11

Date

*11MAR25PM04025DELeeCoFl

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).