

COCHRAN, LESLIE HERSCHEL
18961 KNOLL LANDING DR
FORT MYERS FL 33908

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, LES COCHRAN
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of SCHOOL BOARD, 3
(office) (district #)

; I am a qualified elector of LEE County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] (239) 267-4755 LESSGOV@LES.COCHRAN.COM
Signature of Candidate Telephone Number Email Address

18961 KNOLL LANDING DR. FORT MYERS FL 33908
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111394821

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

LES COCHRAN

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 6 day of June, 2012

Personally Known: [initials] or

Produced Identification: _____

Type of Identification Produced: _____



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

12 JUN 6 PM 1 35 50E LEE00F1

FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2011

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
COCHRAN, LESLIE H.

MAILING ADDRESS:
18961 KNOLL LANDING DRIVE

FORT MYERS, FL 33908 LEE

CITY: ZIP: COUNTY:
LEE COUNTY

NAME OF AGENCY:
SCHOOL BOARD, DISTRICT 3

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

12:21:06 PM 1/3/11 ELEC/FI

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 20 11 was \$ 314,629

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:
 Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
HOME, 18961 KNOLL LANDING DRIVE, LEE COUNTY 17-46-25-17-0000 B.D. 40	\$ 629,429
IRA, WELLS FARGO ADVISORS, NAPLES, FL.	310,000
CASH VALUE, GENERAL AMERICAN LIFE INSURANCE, ST. LOUIS, MO	46,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOME MORTGAGE, WELLS FARGO BANK, SIOUX FALLS, SD	\$ 408,000
HOME EQUITY, REGIONAL BANK, BIRMINGHAM, AL	288,000
AUTO LOAN, SUN TRUST BANK, SAN CARLOS PARK, FL	9,800

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CREDIT CARDS VISA-MASTERCARD-AM. EXPRESS	\$ 15,000

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See Instructions on page 5):
 NAME OF SOURCE OF INCOME EXCEEDING \$1,000

ADDRESS OF SOURCE OF INCOME

AMOUNT

STATE TEACHERS RETIREMENT SYSTEM	COLUMBUS, OH	49,082
MO. STATE EMPLOYEES RETIREMENT SYS	JEFFERSON CITY, MO	15,741
SOCIAL SECURITY	KANSAS CITY, MO	18,258
PACIFIC LIFE	OMAHA, NB	7,517
WELLS FARGO ADVISORS	ST. LOUIS, MO	18,000

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY

NAME OF MAJOR SOURCES OF BUSINESS' INCOME

ADDRESS OF SOURCE

PRINCIPAL BUSINESS ACTIVITY OF SOURCE

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 6 day of

June, 2012 by Les Cochran

Rita Murillo

(Signature of Notary Public--State of Florida)

Rita Murillo
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 RITA MURILLO
 Notary Public - State of Florida
 Comm. Expires Jun 9, 2012
 Commission # DD 796239

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

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