

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	<i>LES COCHRAN</i>		
Residence Address	<i>18961 KNOLL LANDING DR</i>		
City and Zip Code	<i>SAN CARLOS PARK</i>	<i>33908</i>	
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	<i>267-4755</i>	OR	
Email Address	<i>LESCOCHRAN@GMAIL.COM</i>		
Office Sought	<i>LEE COUNTY COMMISSIONER</i>		
Area, District, Group Or Seat Number	<i>DISTRICT 3</i>		
Political Party (If Applicable)	<i>NPA</i>		
Date Of Birth Or Voter ID #	<i># 111394821</i>		
Date	<i>6-17-08</i>		
Candidate Signature	<i>X [Signature]</i>		

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate: **Les Cochran**
1. Address (include post office box or street, city, state, zip code):
**18961 Knoll Landing Drive
Fort Myers, FL 33908**

Telephone (optional): (239) 267-4755
2. Party (Partisan candidates only):
3. Office (add district, circuit, group number): **Lee County Commissioner District 3**

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

4. Name of Treasurer or Deputy Treasurer:
Robert William Abbott

5. Mailing Address (If post office box or drawer add street address): **18920 Knoll Landing Drive**
6. Telephone: **239-415-3779**

7. City: **Fort Myers** 8. County: **Lee** 9. State: **Florida** 10. Zip Code: **33908**

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

11. Name of Bank: **Regions** 12. Street Address: **18940 South Tamiami Trail**

13. City: **Fort Myers** 14. County: **Lee** 15. State: **Florida** 16. Zip Code: **33908**

17. Signature of Candidate:  Date: **6-17-2008**

Campaign Treasurer's Acceptance of Appointment

I, Robert William Abbott, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Les Cochran

who is seeking nomination or election as a NPA candidate to the office of
(Party)

Lee County Commissioner District 3

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

June 17, 2008

Date


Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

2.

Name of Candidate
Les Cochran

1. Address (include post office box or street, city, state, zip code)
18961 Knoll Landing Drive
Fort Myers, FL 33908

Telephone (optional)
(239) 267-4755

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
Lee County Commissioner District 3

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

4. Name of Treasurer or Deputy Treasurer
Michael Alan Rickey

5. Mailing Address (If post office box or drawer add street address)
6931 Misty Lake Court

6. Telephone
239-267-4445

7. City
Fort Myers

8. County
Lee

9. State
Florida

10. Zip Code
33908

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

11. Name of Bank
Regions

12. Street Address
18940 South Tamiami Trail

13. City
Fort Myers

14. County
Lee

15. State
Florida

16. Zip Code
33908

17. Signature of Candidate
 

Date
6-17-2008

Campaign Treasurer's Acceptance of Appointment

I, Michael Alan Rickey, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Les Cochran

who is seeking nomination or election as a NPA candidate to the office of
(Party)

Lee County Commissioner District 3

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

June 17, 2008
Date


Signature of Campaign Treasurer or Deputy Treasurer

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

3.

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer

Name of Candidate

Les Cochran

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

18961 Knoll Landing Drive
Fort Myers, FL 33908

Telephone (optional)
(239) 267-4755

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)
Lee County Commissioner District 3

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

4. Name of Treasurer or Deputy Treasurer

Les Cochran

5. Mailing Address (If post office box or drawer add street address)
18961 Knoll Landing Drive

6. Telephone
239-267-4755

7. City
Fort Myers

8. County
Lee

9. State
Florida

10. Zip Code
33908

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

11. Name of Bank
Regions

12. Street Address
18940 South Tamiami Trail

13. City
Fort Myers

14. County
Lee

15. State
Florida

16. Zip Code
33908

17. Signature of Candidate


Date
June 17, 2008

Campaign Treasurer's Acceptance of Appointment

I, Les Cochran, do hereby accept the appointment as
(Please Print or Type)


Campaign Treasurer Deputy Treasurer for the campaign of LES COCHRAN

who is seeking nomination or election as a NPA candidate to the office of
(Party)

Lee County Commissioner District 3

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

June 17, 2008
Date


Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, Les Cochran ,
 candidate for the office of Lee County Commissioner, District 3 ;
 have received, read and understand the requirements of Chapter 106,
 Florida Statutes.

X 

 Signature of Candidate

June 17, 2008

 Date

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).

SCANNED

<p align="center">LOYALTY OATH</p> <p>CANDIDATES WITH NO PARTY AFFILIATION (Sections 876.05-876.10, Florida Statutes)</p> <p>STATE OF FLORIDA</p> <p><u>LEE</u> COUNTY</p>	<p align="center">OFFICE USE ONLY</p> <div style="font-size: 2em; text-align: center;">✓</div>
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I, <u>LESUE</u>	<u>H.</u>	<u>COCHRAN</u>
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

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.

OATH OF CANDIDATE

(Section 99.021, 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 office of LEE COUNTY COMMISSIONER, 3 (district) (office) (circuit)

I am a qualified elector of LEE County, Florida. I am qualified (group)

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.

X [Signature] (239) 267-4765 LES@COCHRAN.COM

Signature of Candidate	Daytime Telephone Number	Email Address
<u>18961 KNOLL LANDING DR.</u>	<u>SAN CARLOS PARK, FL</u>	<u>33408</u>
<small>Address</small>	<small>City</small>	<small>State</small>
		<small>ZIP Code</small>

Sworn to (or affirmed) and subscribed before me this 18th day of June 2008

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
C265-528-39-144-0
FLDL

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



FINANCIAL INTERESTS

*08JUN18PM0430 SDE Lee Co FI

LAST NAME -- FIRST NAME -- MIDDLE NAME:
COCHRAN LESLIE HERSCHEL

MAILING ADDRESS:
18961 KNOLL LANDING DRIVE
SAN CARLOS PARK 33908 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY:
LEE COUNTY BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
LEE COUNTY COMMISSIONER, DISTRICT 3

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, 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 JUNE, 2008 was \$ \$865,100

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 \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME (LEE COUNTY PARCEL ID: 17-46-25-17-0000B.0140)	\$860,100
IRA & SAVINGS	518,000
AUTOMOBILES	15,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
HOME MORTGAGE	\$456,000
HOME EQUITY LOAN	120,000
CREDIT CARD DEBT	18,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2007 federal income tax return, including all 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 2007 federal income tax return. [If you check this box and attach a copy of your 2007 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

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

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

*SOLJIN19PK0430 SDE L&C Co FI

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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 18th day of

June, 2008 by LES COCHRAN

Bernice Ramos Feliciano
(Signature of Notary Public) of Bernice Ramos Feliciano



Commission # DD589927
Expires October 19, 2010

(Print, Type, or Stamp Commission Number and Expiration Date of Notary Public) 90-385-7019

Personally Known _____ OR Produced Identification

Type of Identification Produced C 265-528-39-144-0

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

FLDL

SCANNED

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2007

Do not write or staple in this space.

Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

OMB No. 1545-0074
For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20
Your first name and initial: LESLIE H. Last name: COCHRAN
Your social security number: [REDACTED]
If a joint return, spouse's first name and initial: LINDA S. Last name: COCHRAN
Home address (number and street): 18961 KNOLL LANDING DR Apt. no.
City, town or post office, state, and ZIP code: SAN CARLOS PARK FL 33908
Checking a box below will not change your tax or refund.
[X] You [X] Spouse

Filing Status

1 [] Single
2 [X] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above and full name here.
4 [] Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [] Qualifying widow(er) with dependent child (see page 14)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [X] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [] if qual. child for child tax cr. (see page 15)
d Total number of exemptions claimed 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required 411
b Tax-exempt interest. Do not include on line 8a 524
9a Ordinary dividends. Attach Schedule B if required 51
b Qualified dividends (see page 19)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a 15b Taxable amount (see page 21) 65,000
16a Pensions and annuities 16a 68,239 b Taxable amount (see page 22) 63,122
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6,377
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a 16,866 b Taxable amount (see page 24) 14,336
21 Other income. List type and amount (see page 24) GENERAL AMERICAN SETTLEMENTS 104
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 149,401

Adjusted Gross Income

23 Educator expenses (see page 26)
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 One-half of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see page 26)
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction (see page 27)
33 Student loan interest deduction (see page 30)
34 Tuition and fees deduction. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income 149,401

SCANNED

JUN 18 PM 03:08 SOLE Lee Co FI

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 **149,401**

39a Check You were born before January 2, 1943, Blind. Total boxes checked 39a **1**
 if: Spouse was born before January 2, 1943, Blind. 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 **52,262**

41 Subtract line 40 from line 38 41 **97,139**

42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33 42 **6,800**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 **90,339**

44 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972
 c Form(s) 8889 44 **15,429**

45 Alternative minimum tax (see page 36). Attach Form 6251 45

46 Add lines 44 and 45 46 **15,429**

47 Credit for child and dependent care expenses. Attach Form 2441 47

48 Credit for the elderly or the disabled. Attach Schedule R 48

49 Education credits. Attach Form 8863 49

50 Residential energy credits. Attach Form 5695 50

51 Foreign tax credit. Attach Form 1116 if required 51

52 Child tax credit (see page 39). Attach Form 8901 if required 52

53 Retirement savings contributions credit. Attach Form 8880 53

54 Credits from: a Form 8396 b Form 8859 c Form 8839 54

55 Other credits: a Form 3800 b Form 8801 c Form 55

56 Add lines 47 through 55. These are your total credits 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 **15,429**

Standard Deduction for-

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.
- All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,950

Other Taxes

58 Self-employment tax. Attach Schedule SE 58

59 Unreported social security and Medicare tax from: a Form 4137 b Form 8919 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60

61 Advance earned income credit payments from Form(s) W-2, box 9 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63 **15,429**

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 **23,791**

65 2007 estimated tax payments and amount applied from 2006 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Excess social security and tier 1 RRTA tax withheld (see page 59) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see page 59) 69

70 Payments from: a Form 2439 b Form 4136 c Form 8885 70

71 Refundable credit for prior year minimum tax from Form 8801, line 27 71

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 **23,791**

If you have a qualifying child, attach Schedule EIC.

Refund

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 **8,362**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a **8,362**

b Routing number XXXXXXXXXXXX c Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2008 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 76

77 Estimated tax penalty (see page 61) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name **Preparer** Personal identification number (PIN)

Phone no.

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **RETIRED** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **CONSULTING**

Paid

Preparer's signature _____ Date **3/22/08** Check if self-employed Preparer's SSN or PTIN **P00121350**

Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code **Boge, Wybenga & Bradley, P.C.** EIN **38-2608510**
215 North Main Street Phone no. **989-772-1730**
Mt. Pleasant MI 48858

SCHEDULES A&B

Schedule A—Itemized Deductions

OMB No. 1545-0074

(Form 1040)

(Schedule B is on back)

2007

Department of the Treasury Internal Revenue Service

Attach to Form 1040. See Instructions for Schedules A&B (Form 1040).

Attachment Sequence No. 07

Name(s) shown on Form 1040

Your social security number

LESLIE H. & LINDA S. COCHRAN

Table with columns for line number, description, amount, and total. Rows include Medical and Dental Expenses (Total: 11,205), Taxes You Paid (Total: 13,835), Interest You Paid (Total: 29,632), Gifts to Charity (Total: 8,795), Job Expenses and Certain Miscellaneous Deductions (Total: 2,988), and Total Itemized Deductions (Total: 52,262).



Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LESLIE H. & LINDA S. COCHRAN

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	STEP UP, INC.	S		38-2310160	
B	CLEAN AIR SYSTEMS ENGINEERING, INC	S		20-1567132	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	0	1,534		
B	0		741	8,652
C				
D				
29a Totals				8,652
b Totals		1,534	741	
30 Add columns (g) and (i) of line 29a			30	8,652
31 Add columns (f), (h), and (j) of line 29b			31	2,275
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	6,377

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)-Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-7)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	6,377
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

LESLIE H. & LINDA S. COCHRAN

Identifying number

Business or activity to which this form relates

Pass-through expense from K-1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	125,000
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6	From Schedule K-1 (Form 1120S)		741
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	741
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	741
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	7,118
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	741
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	741
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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Form **1040****General Sales Tax Deduction Worksheet****2007**

Name as shown on return

Taxpayer Identification Number

LESLIE H. & LINDA S. COCHRAN

State of

Florida

Locality of

General Sales Tax from IRS Tables

- | | | |
|--|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 | 1. | <u>149,401</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | <u>8,171</u> |
| 3. Add the nontaxable amounts from combat pay, public assistance, veteran's benefits, unemployment compensation | 3. | |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>157,572</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions. | 5. | <u>1,145</u> |
| Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9 | | |
| 6. Enter the number of days of residence in state | 6. | |
| 7. Total days in year | 7. | <u>365</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>1,145</u> |

Local Sales Tax Using IRS Tables

- | | | |
|---|-----|------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | |
| 11. If you are a resident of Alaska, Arizona, Arkansas (Texarkana only), California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, New York, or North Carolina, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 . | | |
| If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 | 15. | |
| 16. Enter the number of days of residence in locality | 16. | |
| 17. Total days in year | 17. | <u>365</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | |

General Sales Tax Summary

- | | | |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>1,145</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>1,145</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>1,145</u> |
| 25. Enter the state and local taxes paid on specified items (Major purchases) | 25. | <u>591</u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>1,736</u> |
| 27. Enter total state and local income taxes paid | 27. | |

Enter the greater of line 26 or 27 on Schedule A line 5. If line 26 is greater, mark Schedule A line 5b. If line 27 is greater, mark Schedule A line 5a.

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Form 1040

K-1 Reconciliation Worksheet - Sch E, B, D, Form 4797

2007

Name LINDA S. COCHRAN

Activity CLEAN AIR SYSTEMS ENGINEERING, INC EIN 20-1567132 Taxpayer Identification Number

Type S Corporation NO Limitation Form K1 K1 Unit 2

Schedule E page 2	Current Year Amount	Entire disposition of activity				Tax Return
		PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	
Ordinary business income/-loss	8,652					8,652
Net rental real estate income/-loss						
Other net rental income/-loss						
Guaranteed payments						
Section 179 expense	-741					-741
Disallowed Section 179 expense						
Depletion						
Intang drilling expensed						
Preproductive period expense						
Commercial revitalization deduct						
Reforestation expense deduct						
Other deductions						
Unreimbursed expenses						
Other inc/loss - Schedule E						
Debt financed acquisition						
Dependent care benefits						
Total Schedule E page 2	7,911					7,911
Schedule E page 1						
Royalties						
Deductions-royalty income						
Depletion						
Total Schedule E page 1						
Schedule B						
Interest income						
Tax-exempt interest income						
Dividend income						
Qualified dividends (1040, Page 1)	51					51
Schedule D/6781						
Short-term capital gain/-loss						
Long-term capital gain/-loss						
28% capital loss						
1256 contracts and straddles						
Form 4797						
4797 Part I						
4797 Part II						
Section 179/280F recapture						

Form 1040

K-1 Reconciliation Worksheet - Form 4684, Sch SE, Misc, Credits

2007

Name LINDA S. COCHRAN

Activity CLEAN AIR SYSTEMS ENGINEERING, INC EIN 20-1567132 Taxpayer Identification Number

Type S Corporation No Limitation Form K1

K1 Unit 2

Form 4684	Current Year Amount	Entire disposition of activity				Tax Return
		PY Suspended Basis Loss	Disallowed Basis Limitation	PY Suspended At-risk Loss	Disallowed At-risk Limitation	
Line 34(b)(i)						
Line 34(b)(ii)						
Line 34(c)						
Line 29(b)(ii)						
Schedule SE						
Net earnings from self-employ						
Gross farming or fishing inc						
Gross nonfarm income						
Miscellaneous / Basis Worksheet						
Self-employed medical insurance						
Wages for SE health deduction						
Other tax-exempt income						
Nondeductible expenses						
Cash & market security distrib						
Property distributions						
Repayment of shareholder loans						
Dependent care benefits (Form 2441)						
Credits						
	-321					-321

SCANNED

Form **1040****Social Security Worksheet****2007**

Name

Taxpayer Identification Number

LESLIE H. & LINDA S. COCHRAN

If you are married filing separately and you lived apart from your spouse for all of 2007:

- Form 1040: Enter "D" to the right of the word "benefits" on line 20a.
- Form 1040A: Enter "D" to the right of the word "benefits" on line 14a.

1. Enter the total amount from box 5 of all your Forms SSA-1099 and Forms RRB-1099 (if applicable)	1.	<u>16,866</u>
Also enter this amount on Form 1040, line 20a or Form 1040A, line 14a.		
2. Enter one-half of line 1.	2.	<u>8,433</u>
3. Add the amounts on Form 1040, lines 7, 8a, 8b, 9a, 10 through 12, 13, 14, 15b, 16b, 17 through 19, and line 21. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 30), foreign earned income or housing (Form 2555, lines 43 and 48), certain income of bona fide residents of American Samoa or Puerto Rico	3.	<u>135,589</u>
4. Add lines 2 and 3	4.	<u>144,022</u>
5. Enter the total adjustments from Form 1040, line 36, minus any amounts on Form 1040, lines 33, 34, and 35	5.	
6. Subtract line 5 from line 4	6.	<u>144,022</u>
7. Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2007)	7.	<u>32,000</u>
8. Subtract line 7 from line 6. If zero or less, enter -0-	8.	<u>112,022</u>
● If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040, line 20b or on Form 1040A, line 14b. If you are married filing separately and you lived apart from your spouse for all of 2007, enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b		
● If line 8 is more than zero, go to line 9.		
9. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2007)	9.	<u>12,000</u>
10. Subtract line 9 from line 8. If zero or less, enter -0-	10.	<u>100,022</u>
11. Enter the smaller of line 8 or line 9	11.	<u>12,000</u>
12. Enter one half of line 11	12.	<u>6,000</u>
13. Enter the smaller of line 2 or line 12	13.	<u>6,000</u>
14. Multiply line 10 by 85% (.85). If line 10 is zero, enter -0-	14.	<u>85,019</u>
15. Add lines 13 and 14	15.	<u>91,019</u>
16. Multiply line 1 by 85% (.85)	16.	<u>14,336</u>
17. Taxable benefits. Enter the smaller of line 15 or line 16. Also enter this amount on Form 1040, line 20b or Form 1040A, line 14b.	17.	<u>14,336</u>

Note: If part of your benefits are taxable for 2007 and they include benefits paid in 2007 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

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Federal Statements**Form 1040, Line 8b - Tax-exempt Interest**

<u>Payer</u>	<u>Amount</u>
REGIONS BANK	\$ 59
FRANKLIN TEMPLETON	422
REGIONS	39
MORGAN KEEGAN	4
Total	\$ <u>524</u>

Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
CLEAN AIR SYSTEMS ENGINEERING, INC	\$ 51	\$
Total	\$ <u>51</u>	\$ <u>0</u>

SCANNED

Federal Statements**Schedule A, Line 1 - Medical and Dental Expenses**

<u>Description</u>	<u>Amount</u>
Medical/Dental Expenses	\$ 2,206
Prescription Drugs	1,062
Medicare Premiums	1,122
Total	<u>\$ 4,390</u>

Schedule A, Line 5b - State and Local General Sales Taxes

<u>Description</u>	<u>Amount</u>
General Sales Tax	\$ 1,736
Total	<u>\$ 1,736</u>

SCANNED

Federal Statements

Pass-through expense from K-1

Form 4562, Line 11 Business Income

<u>Description</u>	<u>Amount</u>
Schedule E Income	\$ 7,118
Total	\$ 7,118

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Form **1040**

IRA Distribution Report

2007

Name

Taxpayer Identification Number

LESLIE H. & LINDA S. COCHRAN



T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>(less rollover amount)</small>
A			
T	BUTLER WICK TRUST	15,000	15,000
B			
T	REGIONS KEEGAN MORGAN TRUST	50,000	50,000
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
	Taxpayer	65,000	65,000
	Spouse		
	Total	65,000	65,000

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		4,200					
B		14,000					
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp		18,200					
Sp							
Total		18,200					

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Form 1040	K-1 Detail Summary Report	2007
------------------	----------------------------------	-------------

Name LESLIE H. & LINDA S. COCHRAN	Taxpayer Identification Number
---	------------------------------------

T/S/J	Entity Name	Disposed	Type of Entity	Employer ID Number
<u>S A</u>	<u>STEP UP, INC.</u>	--	<u>S Corporation</u>	<u>38-2310160</u>
<u>S B</u>	<u>CLEAN AIR SYSTEMS ENGINEERING, INC</u>	--	<u>S Corporation</u>	<u>20-1567132</u>

	Interest	Dividends	Royalties	Net ST Capital Gain/Loss	Net LT Capital Gain/Loss	Other Portfolio Inc/Loss
A						
B		51				
C						
D						
E						
F						
G						
H						
I						
J						
Taxpayer						
Spouse		51				
Totals		51				

(*Interest includes tax-exempt amounts reported on Form 1040, line 8b)

	Guaranteed Payments	Sec 1231 Net Gain/Loss	Other Income/Loss Pg 1 1040	Charitable Contributions	Section 179 Pass-Through	Net Earnings From SE
A						
B					741	
C						
D						
E						
F						
G						
H						
I						
J						
Taxpayer						
Spouse					741	
Totals					741	

Form **1040**

Pension/Annuity Report

2007

Name

Taxpayer Identification Number

LESLIE H. & LINDA S. COCHRAN



T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A T	TEACHERS INSURANCE AND ANNUITY ASSO	10,117		8,894
B T	MO.ST. EMPLOYEES RETIREMENT	13,518		13,518
C T	STATE TEACHERS RETIREMENT	44,604		40,710
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
	Taxpayer	68,239		63,122
	Spouse			
	Total	68,239		63,122

	Capital Gain Distribution	Death Benefit Exclusion	Federal Withholding	State Withholding	Local Withholding
A			73		
B			2,400		
C			3,118		
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
Taxpayer			5,591		
Spouse					
Total			5,591		

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Name

LESLIE H. & LINDA S. COCHRAN

Taxpayer Identification Number

	2006	2007	Differences
1. Salaries and wages			
2. Interest income	1,220	411	-809
3. Tax exempt interest income		524	524
4. Dividend income		51	51
5. Qualified dividend income			
6. Taxable state/local refunds			
7. Alimony received			
8. Business income/loss			
9. Capital gain/loss	-2,249		2,249
10. Other gains/losses			
11. Taxable IRA distributions	53,333	65,000	11,667
12. Taxable pensions	61,482	63,122	1,640
13. Rent and royalty income including farm rental			
14. Partnership/S corp income	-16,858	6,377	23,235
15. Estate or trust income			
16. Farm income/loss			
17. Unemployment compensation			
18. Taxable social security	13,877	14,336	459
19. Other income		104	104
20. Total Income	110,805	149,401	38,596
21. Moving expenses			
22. SE tax adjustment			
23. SEP/SIMPLE/Qualified plans deductions			
24. SE health insurance			
25. Forfeited interest			
26. Alimony paid			
27. IRA deductions			
28. Student loan interest			
29. Other adjustments			
30. Adjusted gross income	110,805	149,401	38,596
31. Medical			
32. Taxes	15,845	13,835	-2,010
33. Interest	28,091	29,632	1,541
34. Contributions	5,970	8,795	2,825
35. Casualty losses			
36. Miscellaneous expenses			
37. Allowable itemized deductions	49,906	52,262	2,356
38. Standard deduction			
39. Exemptions	6,600	6,800	200
40. Taxable income	54,299	90,339	36,040

SCANNED

Name

LESLIE H. & LINDA S. COCHRAN

Taxpayer identification Number

	2006	2007	Differences
41. Taxable income from 2YR page 1, line 40	54,299	90,339	36,040
42. Tax on taxable income	7,386	15,429	8,043
43. Alternative minimum tax			
44. Child care credit			
45. Education credits			
46. Retirement savings credit			
47. Child tax credit			
48. General business credit			
49. Other credits			
50. Total credits			
51. Net tax liability	7,386	15,429	8,043
52. Self-employment taxes			
53. Other taxes			
54. Total tax	7,386	15,429	8,043
55. Income tax withheld	20,409	23,791	3,382
56. Estimated tax payments			
57. Earned income credit			
58. Additional Child tax credit			
59. Other payments	40		-40
60. Total payments	20,449	23,791	3,342
61. Tax due/-refund	-13,063	-8,362	4,701
62. Penalties and interest			
63. Net tax due/-refund	-13,063	-8,362	4,701
64. Marginal tax rate	15.0%	25.0%	
65. Effective tax rate	14%	17%	

SCANNED

1040	Federal Return Summary	2007
-------------	-------------------------------	-------------

Name LESLIE H. & LINDA S. COCHRAN	Taxpayer Identification Number [REDACTED]
---	--

Tax Form 1040	Filing Status MFJ
----------------------	--------------------------

Income

Salaries & wages	411
Taxable interest income	411
Tax exempt interest	524
Dividend income	51
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	65,000
Taxable pension distributions	63,122
Rental, royalty, partnership, etc. income/-loss	6,377
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	14,336
Other income	104
Total income	149,401

Adjustments

Moving expenses	
One-half of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	149,401

Deductions

Medical and Dental expenses	
Taxes paid	13,835
Interest paid	29,632
Charitable contributions	8,795
Other itemized deductions	
Total allowable itemized deductions	52,262
or, Standard deduction	
Exemption amount	6,800
Taxable income	90,339

Tax Computation

Regular tax	15,429
Alternative minimum tax	
Total tax before credits	15,429
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	15,429
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	15,429

Payments

Federal income tax withheld	23,791
Estimated payments	
Other payments/credits	
Total payments	23,791

Refund/Amount Due

Amount overpaid	8,362
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-8,362
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-8,362

2008 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Tax Rates

Marginal tax rate	25.0 %
Effective tax rate	17 %
Rate of Long-term capital gain	0.0 %

Stimulus Payment

Projected stimulus payment	1,200
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DECLINING 0308 5000 ee Co FI



**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

FINAL REPORT

10BDEC31PM0342 SDE Lee Co Fl 1

(1) LES COCHRAN
Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number

(4) Check appropriate box(es):
 Candidate (office sought): COUNTY COMMISSIONER-3
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 2/2/2009 Report Type TR-4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>220.17</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>220.17</u>

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 40,071.00

(10) TOTAL Monetary Expenditures To Date
\$ 40,078.04

(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) ROBERT ABBOTT
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Robert Abbott
Signature

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

(Type name) LES COCHRAN
 Candidate Chairperson (only for PC, PTY & electioneering Commun. organization)

Les Cochran
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

(3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

*08DEC31PM0342 SDE L see Co F1

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) LD. Number 95

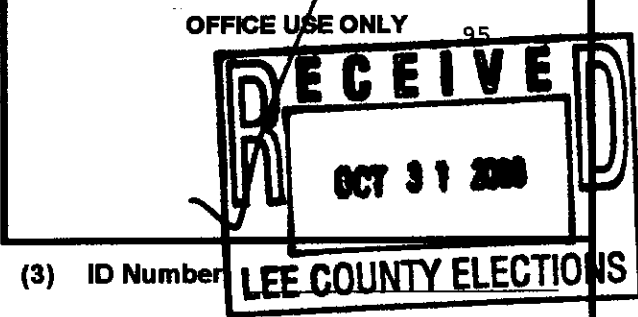
(3) Cover Period 10/31/2008 through 2/2/2009

(4) Page 1 of 1

(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					
10/31/2008 //	supervisor of elections, 2480 thompson st fort myers, fl 33901	fees	MO		\$83.00
1					
11/10/2008 //	the island sand paper, 2801-r estero blvd. ft. myers beach, fl 33931	advertisi ng	MO		\$95.00
2					
12/10/2008 //	the breeze, 2510 del prado blvd cape coral, fl 33904	refund over payment	RE		\$3.52
3					
12/22/2008 //	les cochran, 18961 knoll landing dr ft. myers, fl 33908	partial refund of loans	MO		\$38.65
4					
//					
//					
//					
//					

*08DEC31PM0342 SDFL ee Co F1

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**



(1) LES COCHRAN
Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number

(4) Check appropriate box(es):

- Candidate (office sought): COUNTY COMMISSIONER-3
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>2,050.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>2,050.00</u>
In-Kind	\$	<u>12,024.55</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>2,263.88</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>2,263.88</u>

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 40,071.00

(10) TOTAL Monetary Expenditures To Date

\$ 39,857.87

(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) ROBERT ABBOTT

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Robert Abbott

Signature

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

(Type name) LES COCHRAN

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Les Cochran

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

10/11/2008 through 10/30/2008
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
10/15/2008 / /	bupac, p o box 7326 fort myers, fl 33908	C	profession nal ASSOC	CH			\$500.00
1							
10/15/2008 / /	415 south high llc, p o box 07367 fort myers, fl 33919	B	real estate co	CH			\$500.00
2							
10/15/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	advertisi reimburse ng arthur printing cape coral		\$1,647.24
3							
10/18/2008 / /	r e investment ent ltd, 1217 eldorado pkwy cape coral, fl 33904	B	real estate co	CH			\$200.00
4							
10/18/2008 / /	codi, michael 3450 cartwright ct bonita springs, fl 34134	I	real estate agent	CH			\$200.00
5							
10/18/2008 / /	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	advertisi reimburse ng breeze newspaper		\$1,226.06
6							
10/18/2008 / /	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	stamps and office supplies		\$420.49
7							
10/22/2008 / /	lawrence, bonnie j 2939 bullock rd metamora, mi 48455	I		CH			\$50.00
8							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

10/11/2008 through 10/30/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
10/22/2008 / /	alexander, john r 327 sunset rd frostproof, fl 33843	I	developer	CH			\$500.00
9							
10/22/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	advertisi reimburse ng breeze newspapers		\$3,060.00
10							
10/28/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	reimburse mailing the letter box inc		\$2,655.06
11							
10/28/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	reimburse sign installs hooker installat sign ions		\$2,463.00
12							
10/30/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	advertisi reimburse ng s. w. florida business today		\$175.00
13							
10/30/2008 / /	les cochran, 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	reimburse mailing the letter box, inc		\$377.70
14							
10/30/2008 / /	raintree dev of lee county, inc, 19250 n tamiami tr n. fort myers, fl 33903			CH			\$100.00
15							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) I.D. Number 95

(3) Cover Period 10/11/2008 through 10/30/2008

(4) Page 1 of 1

(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
10/15/2008 //	the banner, 1075 central ave naples, fl 34102	advertisi ng	MO		\$512.82
1					
10/20/2008 //	island sand paper, 2801-r estero blvd fort myers beach, fl 33931	advertisi ng	MO		\$525.00
2					
10/24/2008 //	breeze newspapers, 2510 del prado blvd cape coral, fl 33904	advertisi ng	MO		\$1,226.06
3					
//					
//					
//					
//					
//					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

(1) LES COCHRAN

Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/27/2008 To 10/10/2008 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,140.00

Loans \$ 0.00

Total Monetary \$ 1,140.00

In-Kind \$ 3,313.84

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,581.28

Transfers to Office Account \$ 0.00

Total Monetary \$ 4,581.28

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 38,021.00

(10) TOTAL Monetary Expenditures To Date

\$ 37,593.99

(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.

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

(Type name) ROBERT ABEOT

(Type name) LES COCHRAN

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Robert Abbot

Les Cochran

Signature

Signature

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

9/27/2008 through 10/10/2008

(3) Cover Period / / through / / (4) Page 1 of 2

(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
10/1/2008 / /	sunrise fence & const, 18350 vicenza way miromar lakes, fl 33913	B	builder	CH			\$100.00
1							
10/1/2008 / /	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	advertisi ng from arthur printing 1518 se 46th		\$2,823.84
2							
10/2/2008 / /	haywood, stephen p o box 101526 cape coral, fl 33910	I	realtor	CH			\$250.00
3							
10/6/2008 / /	mccourt, margaret mary 6000 seagrape lane bonita springs, fl 34134	I	retired	CH			\$390.00
4							
10/6/2008 / /	arnal, kathryn l 27670 hickory blvd bonita springs, fl 34134	I		CH			\$100.00
5							
10/6/2008 / /	fitzgerald, edward p 13100 southampton bonita springs, fl 34135	I		CH			\$100.00
6							
10/9/2008 / /	calabresa, dennis 26532 hickory blvd bonita springs, fl 34134	I		CH			\$100.00
7							
10/9/2008 / /	vandegrift, anita el 9091 las maderas dr apt 102 bonita springs, fl 34135			CH			\$100.00
8							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

9/27/2008 10/10/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
10/9/2008 / / 9	strathman assoc. inc, 18191 parkside greens dr fort myers, fl 33908	B	website design	IK	website hosting and admin		\$490.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN (2) I.D. Number 95
 9/27/2008 through 10/10/2008
 (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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/29/2008 //	maclean, deborah 10724 mauai circle estero, fl 33928	sign service fees	MO		\$1,250.00
1					
9/29/2008 //	news connection, usa, p o box 638 seffner, fl 33538	advertisi ng	MO		\$368.00
2					
9/29/2008 //	artype, inc, 3530 work dr fort myers, fl 33916	door hangers	MO		\$742.00
3					
9/29/2008 //	abbott, robert 18920 knoll landing dr fort myers, fl 33908	reimburse for 500 stamps	MO		\$210.00
4					
10/2/2008 //	artype, inc, 3530 work dr ft myers, fl 33916	wire frames	MO		\$318.00
5					
10/7/2008 //	the letter box inc, 936 country club blvd cape coral, fl 33990	self mailers	MO		\$1,386.18
6					
10/7/2008 //	artype, inc, 3530 work dr fort myers, fl 33916	signs	MO		\$307.10
7					
//					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

(1) LES COCHRAN
Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 / Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,750.00

Loans \$ 10,000.00

Total Monetary \$ 11,750.00

In-Kind \$ 263.21

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 23,197.82

Transfers to Office Account \$ 0.00

Total Monetary \$ 23,197.82

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 36,881.00

(10) TOTAL Monetary Expenditures To Date

\$ 33,012.71

(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.

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

(Type name) ROBERT ABBOTT

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Robert Abbott

X [Signature]

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95
 9/13/2008 through 9/26/2008
 (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
(6) Sequence Number							
9/13/2008 / /	Perry, Earnest 1290 Stonington Dr. Youngstown, OH 44505	I	medical doctor	CH			\$500.00
1			<				
9/13/2008 / /	Perry, Doris J 1290 Stonington Dr. Youngstown, OH 44505	I	teacher	CH			\$500.00
2							
9/15/2008 / /	Sokolov, Richard S 7763 Silver Fox dr. Boardman, OH 44512	I	businessm an	CH			\$250.00
3			<b				
9/18/2008 / /	hanser, s albert 2407 periwinkle way sanibel, fl 33957	I	investor	CH			\$500.00
4							
9/18/2008 / /	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	supplies, stamps, chamber meetings		\$263.21
5							
9/19/2008 / /	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	LO			\$10,000.00
6							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) I.D. Number 95

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 2

(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
9/14/2008 //	Community Voice, 3046 LaFayette st. Fort Myers, FL 33916	advertisi ng space	MO		\$500.00
1					
9/15/2008 //	news press, 2442 dr martin luther king fort myers, fl 33901	advertisi ng	MO		\$4,473.00
2					
9/15/2008 //	artype inc, 3530 work dr fort myers, fl 33916	signs and printing	MO		\$4,283.05
3					
9/15/2008 //	breeze newspapers, 2510 del prado blvd cape coral, fl 33904	advertisi ng	MO		\$312.07
4					
9/18/2008 //	arthur printing, 1518 se 46th lane cape coral, fl 33904	postcards	MO		\$795.00
5					
9/18/2008 //	sterling prop services, 27180 bay landing dr suite 4 bonita springs, fl 33908	mailing	MO		\$154.30
6					
9/18/2008 //	artype, inc, 3530 work dr fort myers, fl 33916	signs	MO		\$492.90
7					
9/18/2008 //	artype inc, 3530 work dr fort myers, fl 33916	hand outs	MO		\$1,590.00
8					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) I.D. Number 95

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 2 of 2

(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					
9/20/2008 //	the letter box, inc, 936 country club dr cape coral, fl 33990	fliers and mailing	MO		\$10,597.50
9					
//					
//					
//					
//					
//					
//					
//					
//					

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

(1) LES COCHRAN
Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,211.00

Loans \$ 0.00

Total Monetary \$ 1,211.00

In-Kind \$ 189.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 3,494.12

Transfers to Office Account \$ 0.00

Total Monetary \$ 3,494.12

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 25,131.00

(10) TOTAL Monetary Expenditures To Date

\$ 9,814.89

(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) ROBERT ABBOTT

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Robert Abbott
Signature

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

(Type name) LES COCHRAN

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

8/22/2008 through 9/12/2008

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8/31/2008 / /	pelletz, melvin j 660 park ave worcester, ma 01603	I	retired	CH			\$100.00
1							
8/31/2008 / /	boge, daniel j 5640 williams dr fort myers, fl 33831	I	c p a	CH			\$500.00
2							
9/3/2008 / /	allen, margaret m 1910 virginia ave. apt 201b fort myers, fl 33901	I	retired	CH			\$50.00
3							
9/3/2008 / /	abram, b l 1207 medinah dr fort myers, fl 33919	I	retired	CH			\$150.00
4							
9/8/2008 / /	reichow, richard 18971 knoll landing dr fort myers, fl 33908	I	retired	IK	host kickoff meeting		\$189.00
5							
9/8/2008 / /	reichow, richard 18971 knoll landing dr fort myers, fl 33908	I	retired	CH			\$311.00
6							
9/11/2008 / /	Oistad, Kay L 18111 Creekside View Dr. Fort Myers, FL 33908	I	librarian	CH			\$100.00
7							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LES COCHRAN
 8/22/2008 through 9/12/2008

(2) I.D. Number 95
 (4) Page 1 of 1

(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
8/22/2008 / / 1	artype, 3530 work dr fort myers, fl 33916	large campaign signs	MO		\$2,779.50
9/11/2008 / / 2	Naples Daily News, 1075 Central Ave Naples, FL 34102	advertisi ng	MO		\$426.18
9/11/2008 / / 3	Cochran, Les 18920 Knoll Landing Dr Fort Myers, FL 33908	reimburse for sign materials from	MO		\$288.44
/ /					
/ /					
/ /					
/ /					
/ /					

FT MYERS FL 339

18 SEP 2008 PM 1 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

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



**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

(1) LES COCHRAN

Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): COUNTY COMMISSIONER-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/2/2008 To 8/21/2008 / Report Type F3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 3,700.00

Loans \$ 0.00

Total Monetary \$ 3,700.00

In-Kind \$ 1,113.91

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,272.39

Transfers to Office Account \$ 0.00

Total Monetary \$ 2,272.39

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 23,920.00

(10) TOTAL Monetary Expenditures To Date

\$ 6,320.77

(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) ROBERT ABBOTT

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Robert Abbott

Signature

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

(Type name) LES COCHRAN

Candidate Chairperson (only for PC, PTY & electioneering communi. organization)

X Les Cochran

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

8/2/2008 8/21/2008

(3) Cover Period / / through / / (4) Page 1 of 3

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8/2/2008 / / 1	taylor, john b 367 country club dr warren, oh 44484	I	president paige & byrnes	CH			\$250.00
8/5/2008 / / 2	williamson ll, william p 970 cape marco dr #2008 marco island, fl 34145	I	retired	CH			\$250.00
8/5/2008 / / 3	smith, mary p 18200 creekside view dr fort myers, fl 33908	I	retired	CH			\$100.00
8/12/2008 / / 4	davenport, lynn 9530 cypress hammock circle unit 101 bonita springs, fl 34135	I	financial exec	CH			\$500.00
8/13/2008 / / 5	johanssen, philomena 18560 sandalwood unit 202 fort myers, fl 33908	I	retired	CH			\$100.00
8/15/2008 / / 6	mcdonald, timothy 6870 lakewood isle dr fort myers, fl 33908	I	retired	CH			\$100.00
8/15/2008 / / 7	cochran, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	copies, office supplies, stamps, chamber lunches		\$128.91
8/15/2008 / / 8	rickey, michael a 6931 misty lake ct fort myers, fl 33908	I	retired	CH			\$500.00

*ORALICE5PH0147 SDE Lee Co Fl

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

(3) Cover Period 8/2/2008 through 8/21/2008 (4) Page 2 of 3

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8/15/2008 / /	lizak, edward a 18311 mossy glen ct fort myers, fl 33908	I	retired	CH			\$100.00
9							
8/15/2008 / /	weber, paula 10390 plumbago pointe dr bonita springs, fl 34135	I	real estate agent	CH			\$50.00
10							
8/15/2008 / /	smith, clarence r 8270 raupp ave youngstown, oh 44512	I	retired	CH			\$500.00
11							
8/15/2008 / /	smith, rose marie 8270 raupp ave youngstown, oh 44512	I	homemaker	CH			\$500.00
12							
8/16/2008 / /	lode, edward 18670 cypress haven dr fort myers, fl 33908	I	banker	CH			\$200.00
13							
8/19/2008 / /	petrarca, jane s 18191 parkside greens dr fort myers, fl 33908	I	c e o strathman assoc	IK	website design		\$495.00
14							
8/19/2008 / /	petrarca, william 18191 parkside greens dr fort myers, fl 33908	HI	business consultant	IK	website design		\$490.00
15							
8/19/2008 / /	repice, barbara r 22081 reserve estates dr bonita springs, fl 34135	I	homemaker	CH			\$500.00
16							

08AUG25PM0146 SOE Lee Co FI

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____
 8/2/2008 through 8/21/2008
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 3 of 3

(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
8/21/2008 / /	kruger, sherwin 18900 baywoods lake dr #202 fort myers, fl 33908	I	software engineer	CH			\$50.00
17							
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/ /							

*08AUG25PM0147 SDE Lee Co Fl

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN
 8/2/2008 through 8/21/2008

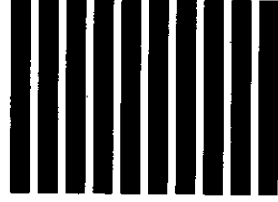
(2) I.D. Number 95
 (4) Page 1 of 1

(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
8/2/2008 // 1	direct response marketing, 12450 automobile blvd clearwater, fl 33762	palm cards	MO		\$261.46
8/2/2008 // 2	petrarca, william h 18191 parkside greens fort myers, fl 33908	campaign supplies	MO		\$703.68
8/7/2008 // 3	harland clarke,	check fees	MO		\$24.25
8/12/2008 // 4	mature lifestyles, p. o. box 638 seffner, fl 33583	advertisi ng space	MO		\$393.00
8/13/2008 // 5	senior life,	advertisi ng space	MO		\$890.00
//					
//					
//					

08/11/25 PM 01:47 SDE Lee Co FL

Mr. William Abbott
18920 Knoll Landing Dr.
Fort Myers, FL 33908-4760

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

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



089UG25PM0146 SDEL Co FL

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 95

(1) LES COCHRAN
Name

(2) 18961 KNOLL LANDING DR, FORT MYERS, FL 33908
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) **Check appropriate box(es):**

Candidate (office sought): COUNTY COMMISSIONER-3

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 7/19/2008 To 8/1/2008 Report Type F2

Original **Amendment** **Special Election Report** **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 4,570.00

Loans \$ 0.00

Total Monetary \$ 4,570.00

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

\$ 20,220.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,048.38

(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) ROBERT ABBOTT

Individual (only for electioneering commun.) **Treasurer** Deputy Treasurer

X *Robert Abbott*
Signature

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

(Type name) LES COCHRAN

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Les Cochran*
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number 95

(3) Cover Period 7/19/2008 through 8/1/2008 (4) Page 1 of 3

(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
7/19/2008 / /	perchan, stanley j 21683 windham run estero, fl 33928	I college admin	CH			\$100.00
1						
7/19/2008 / /	spencer, william l 15750 glenisle way fort myers, fl 33912	I insurance exec	CH			\$100.00
2						
7/19/2008 / /	mckinney, joseph b 18261 parkside greens fort myers, fl 33908	I retired	CH			\$100.00
3						
7/21/2008 / /	mockensturm, carl 6970 misty lake ct fort myers, fl 33908	I retired	CH			\$50.00
4						
7/21/2008 / /	roth, samuel 40 seagate dr. ph#3 naples, fl 34103	I business consultant <br	CH			\$300.00
5						
7/23/2008 / /	johns, mary beth 689 lismore ln naples, fl 34108	I homemaker	CH			\$500.00
6						
7/23/2008 / /	williamson ll, j, d. 14450 roland canyon rd salinas, ca 93908	I entrepren eur	CH			\$250.00
7						
7/23/2008 / /	williamson, judy 14450 roland canyon rd salinas, ca 93908	I retired	CH			\$250.00
8						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

(3) Cover Period 7/19/2008 through 8/1/2008 (4) Page 2 of 3

(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
(6) Sequence Number							
7/23/2008 / /	tanner, jack s 5901 pendragon ln fort myers, fl 33912	I	retired	CH			\$100.00
9							
7/25/2008 / /	bitonte, dominic a 226 n. bayshore dr columbiana, oh 44408-9347	I	retired	CH			\$50.00
10							
7/25/2008 / /	schmutz, judy 1040 westport boardman, oh 44511-3733	I	homemaker	CH			\$50.00
11							
7/28/2008 / /	lyons, david 18251 parkside greens dr fort myers, fl 33908	I	retired	CH			\$100.00
12							
7/28/2008 / /	weller, andrew 22817 mossy trail bonita springs, fl 34135	I	ceo liberty steel	CH			\$500.00
13							
7/28/2008 / /	weller, carol 22817 mossy trail bonita springs, fl 34135	I	homemaker	CH			\$500.00
14							
7/28/2008 / /	weller, mark 9095 briarwood ct canfield, oh 44406	I	v p liberty steel pr	CH			\$500.00
15							
7/28/2008 / /	steel products, liberty 11650 mahoning ave north jackson, oh 44451	B	steel products	CH			\$500.00
16							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

(3) Cover Period 7/19/2008 through 8/1/2008 (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
7/29/2008 / /	blecher, kenneth w 6911 misty lake ct fort myers, fl 33908	I	retired	CH			\$100.00
17							
7/30/2008 / /	kopko, lorraine 7541 san carlos blvd fort myers, fl 33967	I	maintenan ce	CH			\$20.00
18							
7/30/2008 / /	pogue, marilyn r 300 spring run rd warren, oh 44484	I	retired	CH			\$50.00
19							
8/1/2008 / /	fleming, thomas j 9296 hollow pine dr bonita springs, fl 34135	I	presidena im nationlea	CH			\$250.00
20							
8/1/2008 / /	gunderman, john e 18190 creekside view fort myers, fl 33908	I	chairman cherokee mfg	CH			\$200.00
21							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) I.D. Number 95

(3) Cover Period 7/19/2008 through 8/1/2008

(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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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LBS COCHRAN (2) I.D. Number 95

(3) Cover Period 4/1/2008 through 7/18/2008 (4) Page 1 of 3

(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
(6) Sequence Number							
6/18/2008 / /	cochrans, les 18961 knoll landing dr fort myers, fl 33908	I	retired	LO			\$10,000.00
1							
7/2/2008 / /	klempay, edward 18530 sandalwood pt unit 202 fort myers, fl 33908	I	retired	CH			\$500.00
2							
7/2/2008 / /	klempay, alice s 18530 sandalwood pt unit 202 fort myers, fl 33908	I	retired	CH			\$500.00
3							
7/7/2008 / /	abbott, robert w 18920 knoll landing dr fort myers, fl 33908	I	retired	CH			\$500.00
4							
7/7/2008 / /	cafaro, sr, anthony 1374 warner rd hubbard, oh 44425	I	pres. cafaro dev. rea	CH			\$500.00
5							
7/7/2008 / /	schulick, scott 1012 old furnace rd youngstown, oh 44511	I	trust officer <b	CH			\$100.00
6							
7/7/2008 / /	cagigas, donald 2 windermere pl poland, oh 44514	I	pres. united way <	CH			\$100.00
7							
7/11/2008 / /	knecht, virginia c 850 cove place youngstown, oh 44511	I	housewife	CH			\$500.00
8							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

4/1/2008 through 7/18/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7/11/2008 / /	sisek, james h 2301 lack lane sarasota, fl 34231	I	banker	CH			\$100.00
9							
7/11/2008 / /	kosar, sr, bernard 69 alabaster ave canfield, oh 44406	I	school admin.	CH			\$50.00
10							
7/11/2008 / /	todd, ted 23750 via trevi way * unit 1001 bonita springs, fl 34134	I	insurance agent	CH			\$500.00
11							
7/11/2008 / /	tarpley, james m 535 grand teton cir. fayetteville, ga 30215	I	retired	CH			\$500.00
12							
7/14/2008 / /	solomon, martin 3729 union st. p. o. box523 mineral ridge, oh 44440	I	corp exec	CH			\$500.00
13							
7/14/2008 / /	cailor, howard 1280 dolphin bay way #402a sarasota, fl 34242	I	retired	CH			\$100.00
14							
7/14/2008 / /	pritts, william 6901 misty lake ct fort myers, fl 33908	I	retired	CH			\$200.00
15							
7/14/2008 / /	welton, ronald 18930 knoll landing dr fort myers, fl 33908	I	property managemt	CH			\$500.00
16							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LES COCHRAN (2) I.D. Number _____

4/1/2008 through 7/18/2008

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 3 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
7/14/2008 / /	dornaus, madlyn 18930 knoll landing dr fort myers, fl 33908	I	corp. executive	CH			\$500.00
17							
7/17/2008 / /	cochrane, les 18961 knoll landing dr fort myers, fl 33908	I	retired	IK	copies, office supplies, stamps, chamber lunch		\$310.65
18							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name LES COCHRAN

(2) I.D. Number 95

4/1/2008 through 7/18/2008

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
6/18/2008 / / 1	lee county elections office, 2480 thompson st. 3rd floor fort myers, fl 33901	campaign filing fee	MO		\$3,340.92
7/11/2008 / / 2	welton, ronald 18930 knoll landing dr fort myers, fl 33908	reimburs for palm purchased card irect mail 12450 automobile	MO		\$582.46
7/13/2008 / / 3	southwest fl. hispanic chamber, 10051 mcgregor blvd fort myers, fl 33919	membership fee	MO		\$100.00
7/14/2008 / / 4	lee county appraiser, 2480 thompson st. 4th floor fort myers, fl 33901	data services	MO		\$25.00
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