FORM 1 F		ATEMENT OF		2007	
TO DE EU ED T		L INTERESTS			
	WITHIN 60 DAYS OF LEA		<u> </u>	´	
#70764 LEO COOPER 1063 RUNNING CEDAF FOREST VA 24551	R CIR		N	(see "Who: Must File" on page 3):	
CITY: ZIP:	COUNTY:	LIDCAL OFFID	<u> </u>	BTATE OFFICE	
	***BOTH PARTS OF THIS SE		ED***		
	FINANCIAL INTERESTS FOR THE PE RIBED ABOVE, WHICH DATE WAS			THE LAST DATE I HELD THE PUBLIC 107. (Date must be prior to 12/31/07)	
FEWER CALCULATIONS, OR USI	REPORTABLE INTERESTS: RS THE OPTION OF USING REPORTIN NG COMPARATIVE THRESHOLDS, V ELOW WHETHER THIS STATEMENT N	VHICH ARE USUALLY BASED ON			
, ,	RCENTAGE) THRESHOLDS				
PART A PRIMARY SOURCE NAME OF SOURCE OF INCOME		ome to the reporting person] JRCE'S DRESS		RIPTION OF THE SOURCE'S ICIPAL BUSINESS ACTIVITY	
i)	11				
<u>po</u>					
<u> </u>					
NAME OF	RCES OF INCOME [Major customers NAME OF MAJOR SOURCES	ADDRESS	ome to bu	PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
, ] } / ]			<b>.</b>		
POPE	F				
/					
PART C REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
NORE FINIAL				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
				ER FORMS you may need to e described on page 6.	
CE FORM 1 F - Eff. 1/2007	000 001 002 002 002 002 000 000 000 000	on reverse site)		PAGE 1	

PART D — INTANGIBLE PERSONAL PROPE TYPE OF INTANGIBLE		HICH THE PROPERTY RELATES
DDDe		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR
BUSINESS 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	NESSES [Ownership or positions in certain types of SENTITY # 1 BUSINESS ENTITY #	2 BUSINESS ENTITY # 3
SIGNATURE:		SIGNED: 7/14/07
J	FILING INSTRUCTIONS:	
<ul> <li>WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages).</li> <li>Facsimiles will not be accepted.</li> <li>WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.</li> </ul>	<ul> <li>WHERE TO FILE:</li> <li>Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</li> <li>State officers or specified state employees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.</li> <li>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</li> </ul>	<text></text>