

FORM 1

STATEMENT OF

2005

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Chase, Thomas Candler

MAILING ADDRESS :

P.O. Box 1508

CITY: ZIP: COUNTY:

Ft. Myers, Fl 33902 Lee

NAME OF AGENCY :

Nuisance Abatement Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Board Member

FOR OFFICE
USE ONLY:

ID Code

ID No

Conf. Code

P. Req. Code

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☒ DECEMBER 31, 2005 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Thomas C. Chase, P.A.	1404 Dean St., #200 Ft. Myers	Law Practice
Thomas C. Chase, P.A.	1404 Dean St., #200 Ft. Myers	Office space rental

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Thomas C. Chase, P.A.	Law Practice	1404 Dean St., #200	Personal Injury
		Ft. Myers	clients

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Office condo at 1404 Dean St., Ft. Myers
Home at 1296 Miracle Lane, Ft. Myers
House at 411 S. Canyon Drive, Lehigh
Park Road Trust (US 41 & Park Road) c/o Wayne Russell
(1.282%)

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Fla Gulf Bk & Lee Co Bank:	Thomas C. Chase, P.A.
Wachovia: IRA	Personal
PENCO: 401K/Profit Share:	Personal & jointly with wife
Fifth Third Bank: Checking	" " " "

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Personal:	
CitiMortgage	P.O. Box 14451 Des Moines, IA 50306-3451
Wachovia Bank	P.O. Box 13327 Roanoke, VA 24040
Firm: Lee Co Bank	2105 First St. Ft. Myers, Fl 33901
Firm & Personal: Fla Gulf Bk	2247 First St. Ft. Myers, Fl 33901

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY	Thomas C. Chase, P.A.	Tom & Donna Chase	Park Road TRust
ADDRESS OF BUSINESS ENTITY	1404 Dean St., #200	1404 Dean St., #200	US 41 & Park Road
PRINCIPAL BUSINESS ACTIVITY	Law Office	Property rental	Land Trust
POSITION HELD WITH ENTITY	Owner / lawyer	Own with wife	Part owner
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	No
NATURE OF MY OWNERSHIP INTEREST	100%	50%	1.282% with wife

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

SIGNATURE (required):

DATE SIGNED (required):

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.