

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:

Ft. Myers

ZIP:

33902

COUNTY:

Lee

NAME OF AGENCY:

Nuisance Abatement Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOARD Member

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

11JUN22PM09:45NE Lee Co FI

****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 (must check one):

☒ DECEMBER 31, 2010 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 (must check one):

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

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

(If you have nothing to report, you must write "none" or "n/a")

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.	S/A	Office Space Rental
CLAUDIA GALAN	411 S. Canyon Dr. Lehigh	Rental

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

(If you have nothing to report, you must write "none" or "n/a")

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

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

(If you have nothing to report, you must write "none" or "n/a")

Home: 1296 Miracle Lane, Ft. Myers
Office Condo: 1404 Dean St, #200, Ft. Myers
Rental House: 411 S. Canyon Dr, Lehigh
Mobil Home: 4999 Cullen Dr, Pine Island
(50% owner)

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.]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
FL Gulf BK & Lee Co. Bank	Thomas C. Chase, P.A.
Wells Fargo IRA	Personal
1031 Exchange IRA	Personal
DAC: 401K Profit Sharing Retirement	Personal: Jointly with wife
Fifth Third BK: Chg & Savings	Personal: Jointly with wife

PART E — LIABILITIES [Major debts]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Personal: Wells Fargo	P.O. Box 14411 Des Moines, IA 50306-3411
Personal: Fiam: FLA Gulf Bank	2247 First St. Ft. Myers, FL 33901
Fiam: Subaru Motor Finance	P.O. Box 9001083 Louisville, KY 40290-1083
Personal: Sun Trust	P.O. Box 26149 Richmond, VA 23260-6149

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Thomas C. Chase, P.A.	Tom & Donna Chase	Tom & Donna Chase
ADDRESS OF BUSINESS ENTITY	1404 Dem St, #200	1404 Dem St, #200	411 S. Canyon Rd
PRINCIPAL BUSINESS ACTIVITY	Law office	Property Rental	Property Rental
POSITION HELD WITH ENTITY	owner/lawyer	own with wife	own with wife
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	yes
NATURE OF MY OWNERSHIP INTEREST	100%	50%	50%

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

SIGNATURE (required):

Thomas C. Chase

DATE SIGNED (required):

6/16/2011

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.

THOMAS C. CHASE, P.A.

ATTORNEY AT LAW

CERTIFIED CIRCUIT COURT MEDIATION • AMERICAN ARBITRATION ASSOCIATION
DEPARTMENT OF INSURANCE MEDIATION

June 21, 2011

11JUN2011 09:45NE Lee Co FL

Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902-2545

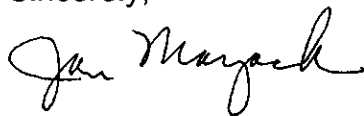
Re: 2020 Form 1 State of Financial Interests

Dear Sir or Madam:

Enclosed is the completed and signed Statement of Financial Interests concerning Thomas C. Chase.

If you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,



Jan Mayack, Secretary to
Thomas C. Chase

/jm

Enclosure: as stated