

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

FOR OFFICE
USE ONLY:

MAILING ADDRESS:

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ID Code

ID No.

Conf. Code

P. Req. Code

12JUN2011 10:23:50 LEE CO FI

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

**** 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, 2011 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 - See instructions p. 4]

(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, PA	1404 Dean St, #200, Ft. Myers	Law Practice
Thomas C. Chase, PA	S/A	Office Space Rental
Jeffrey Barbara Crane	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 - See instructions p. 4]

(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 - See instructions p. 4]

(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
Mobile Home: 4999 Curlew 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. - See instructions p. 5]

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

Fifth Third BK: checking & savings
TYPE OF INTANGIBLEPersonal & jointly with wife
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

FLA Gulf BK; Lee Co. BK; Bank United

Thomas C. Chase, P.A.

Wells Fargo IRA; 1031 Exchange IRA

Personal

DAC: 401K Profit Share/Retirement

Personal & jointly with wife

PART E — LIABILITIES [Major debts - See instructions p. 5]

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

Personal Firm: FLA Gulf BK
Personal Firm: BANK UNITED2241 FIRST ST, FT. MYERS, FL 33901
PO BOX 026030 MIAMI, FL 33102

Firm: Subaru Motor Finance

P.O. Box 9001083 Louisville, Ky 40290-1083

Personal: WELLS FARGO
Personal: SUN TRUSTP.O. Box 14411 Des Moines, IA 50306-3411
P.O. Box 26149 Richmond VA 23260-6149**PART F — INTERESTS IN SPECIFIED BUSINESSES**

[Ownership or positions in certain types of businesses - See instructions p. 5]

(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 Dean St, #200

1404 Dean St, #200

411 S. Canyon Rd

PRINCIPAL BUSINESS ACTIVITY

Law Practice

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):****DATE SIGNED (required):**

6/19/2012

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).

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.

Facsimiles will not be accepted.**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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Fifth Third BK; Checking; Savings	Personal & jointly with wife
FLA Gulf BK; Lee Co BK; Bank United	Thomas C. Chase, PA
Wells Fargo IRA; 1051 Exchange IRA	Personal
DAC 401K Profit Share/Retirement	Personal & jointly with wife

PART E — LIABILITIES [Major debts - See instructions p. 5]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Personal Firm: FLA Gulf BK	2241 FIRST ST, FT. MYERS, FL 33901
Personal Firm: BANK UNITED	PO BOX 026030 MIAMI, FL 33102
Firm: Subaru Motor Finance	P.O. Box 9001083 Louisville, Ky 40290-1083
Personal: WELLS FARGO	P.O. Box 14411 Des Moines, IA 50306-3416
Personal: SUNTRUST	P.O. Box 26149 Richmond VA 23260-6149

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]

(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 PA	Tom & Donna Chase	Tom & Donna Chase
ADDRESS OF BUSINESS ENTITY	1464 Dean St, #200	1464 Dean St, #200	411 S. Canyon Rd
PRINCIPAL BUSINESS ACTIVITY	Law Practice	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):****DATE SIGNED (required):**


6/19/2012

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THOMAS C. CHASE, P.A.

ATTORNEY AT LAW

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

June 20, 2012

Sharon Harrington
Supervisor of Elections
Lee County-Florida
PO Box 2545
Fort Myers, FL 33902

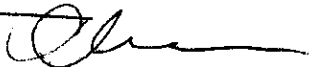
Re: Statement of Financial Interests

Dear Ms. Harrington:

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,



Thomas C. Chase

TCC/jm

Enclosure

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ATTORNEY AT LAW

POST OFFICE BOX 1508 FORT MYERS, FL 33902-1508

Sharon Harrington
Supervisor of Elections
Lee County-Florida
PO Box 2545
Fort Myers, FL 33902

