

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Chase, Thomas Candlen

MAILING ADDRESS :

P.O. Box 1508

CITY :

Ft Myers

ZIP :

33902

COUNTY :

Lee

NAME OF AGENCY :

Resigned From Nuisance Abatement Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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, 2012 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). CHECK THE ONE YOU ARE USING:

☒ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

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

(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

Jeffrey: Barbara Chase

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]

(If you have nothing to report, 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, P.A.

Law Practice

1404 Dean St, Ft. Myers

Personal

Integrity Law

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

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

Home: 1296 Miracle Ln, Ft. Myers

Office Condo: 1404 Dean St #200 Ft. Myers

Rental Home: 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.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(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
Iberia, Bank United, Lee Co BK:	Thomas C. Chase, PA
Wells Fargo IRA 1031 Exchange: DAC 401K	Personal & jointly with wife

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Personal Firm: Iberia BK	2247 First St, Apt 202, Miami, FL 33101
BANK UNITED	P.O. 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 50306-3411
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]

(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	1404 Dem St, #200	1404 Dem St, #200	4115 Canyon Rd, Lehigh
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):



6/11/13

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.

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, 2012.

THOMAS C. CHASE, P.A.
ATTORNEY AT LAW
Post Office Box 1508
FORT MYERS, FLORIDA 33902-1508

'13JUN12AM0925 SOE LEE COFI



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



UNITED STATES POSTAGE
PLACE STAMP
FINE PRINT
02 1P \$ 000.46
0003856209 JUN 11 2013
MAILED FROM ZIP CODE 33901

