

# FINAL STATEMENT OF FINANCIAL INTERESTS

2013

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>CHASE Thomas Candlen</u>		NAME OF REPORTING PERSON'S AGENCY:
MAILING ADDRESS: <u>P.O. Box 1508</u>		CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):  <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <u>Ft. Myers</u> ZIP: <u>33902</u> COUNTY: <u>Lee</u>		LIST OFFICE OR POSITION HELD: <u>Resigned from Insurance Adjudication Board</u>

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2013 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 1/3/2013, 2013. (Date must be prior to 12/31/13)

## 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]  
 (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
<u>Thomas C. Chase, P.A.</u>	<u>1404 Dean St., #200, Ft. Myers</u>	<u>Law Practice</u>
<u>Thomas C. Chase, P.A.</u>	<u>s/a</u>	<u>Office Space Rental</u>
<u>Jeffrey S. Barbours, CMAA</u>	<u>411 S. Canyon Dr., Lehigh</u>	<u>Rental</u>

**PART B -- SECONDARY SOURCES OF INCOME**
[Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions]  
(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
<u>Thomas C. Chase, P.A.</u>	<u>Law Practice</u>	<u>1404 Dean St., Ft. Myers</u>	<u>Personal Injury Law</u>

**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")

Home: 1296 Miracle Ln., Ft. Myers (own with spouse)

Office Condo: 1404 Dean St., #200, Ft. Myers

Rental Home: 411 S. Canyon Dr., Lehigh

Mobil Home: 4999 Curlew Drive, 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 of this packet.

**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
Ibama; Lee Co BK; Bank United	Thomas C. Chase, P.A.
Wells Fargo IRA; 1031 Exchange;	Personal: Jointly with wife
DAC: 401K Profit Share/Retirement	

**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: IBAMA BK	2244 First St, Ft. Myers, FL 33901
Personal: Firm: 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 14911 Decatur, GA 30036-3411
Personal: SUNTRUST	P.O. Box 26199 Richmond, VA 23260-6199

**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, P.A.	Tom & Donna Chase	Tom & Donna Chase
ADDRESS OF BUSINESS ENTITY	1404 Dean St #200	1404 Dean St #200	411 S Canyon Rd, Lakeland
PRINCIPAL BUSINESS ACTIVITY	Law Practice	Property Rental	Property Rental
POSITION HELD WITH ENTITY	owner/lawyer	own with wife	own with wife
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:**

*Thomas C. Chase*

**DATE SIGNED:**

11/31/2013

**FILING INSTRUCTIONS:**

**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). Facsimiles will not be accepted.

**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.

**WHERE TO FILE:**

**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.)

**State officers or specified state employees:** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

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

**NOTE:**

If you are leaving office or employment during the first half of 2013, you may not have filed Form 1 for 2012. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2012 by July 1, 2013, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

# THOMAS C. CHASE, P.A.

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## ATTORNEY AT LAW

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

February 1, 2013

Lee County Elections Office  
Post Office Box 2545  
Fort Myers, FL 33902-2545

Re: Final Statement of Financial Interests  
Resignation from Nuisance Abatement Board

Dear Sir or Madam:

Enclosed is the completed and signed Final Statement of Financial Interests for Thomas C. Chase. If you have any questions or require additional information, please do not hesitate to call this office.

Sincerely,



Thomas C. Chase  
(signed in Mr. Chase's absence to avoid delay)

/jm

Enclosures

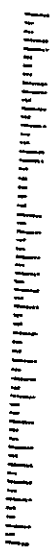
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**THOMAS C. CHASE, P.A.**  
ATTORNEY AT LAW  
POST OFFICE BOX 1508 FORT MYERS, FL 33902-1508

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Lee County Elections Office  
Post Office Box 2545  
Fort Myers, FL 33902-2545

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