| FORM 1 | STATEMENT OF | | 2008 | |
|---|--|--|--|--|
| Please print or type your name, mailing address, agency name, and position belo | FINANCIAL | INTERESTS | | |
| LAST NAME - FIRST NAME MIDDL Chase // MAILING ADDRESS : 1435 OLM | eda Way | | LY: | |
| CITY: FE. Myers ZIP: COUNTY: FE. Myers 33901 Lee | | | ID Code ID No. Conf. Code P. Req. Code | |
| NAME OF OFFICE OR POSITION HE P.A.C. MAN You are not limited to the space on the limited CHECK ONLY IF CANDIDATE | , if necessary. PPOINTEE | Conf. Code | | |
| 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, 2008 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 | | | | |
| PART A PRIMARY SOURCES OF I NAME OF SOURCE OF INCOME | SOL | he reporting person] IRCE'S Pkwy . SW | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| Edison State (| ollege Ff Mers | FL | Protessor | |
| | | 33906 | | |
| NAME OF BUSINESS ENTITY | DF INCOME [Major customers, clients, NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | |
| Mind's Eye Films | | FE. Mers | FL. Videography | |
| | | 2390 | ру | |
| PART C REAL PROPERTY [Land, 1435 Olme da | buildings owned by the reporting person Way FE. 1 | n] Uy <i>crs, FC. 33</i> 50/ | FILING INSTRUCTIONS for when and where to file this form are locat- ed 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 TYPE OF INTANGIBLE | / [Stocks, bonds, certificates of deposit, etc.] | | | | |
|--|--|---|--|--|--|
| \$ 350,000/ Stocks, CI | 5, Wendy i Steve Ch | are Family Thur t | | | |
| etc. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | |
| | ADDRESS | | | | |
| CountryWide Hom Mort | gayes | | | | |
| Sallie Mae | PO Box 9500 h | Jilles - Barre, 194. 18775 - | | | |
| | | 9,00 | | | |
| | | | | | |
| | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSE | S [Ownership or positions in certain types of businesse: | sì | | | |
| | S ENTITY # 1 1 BUSINESS ENTITY # 2 | _ | | | |
| NAME OF | | | | | |
| BUSINESS ENTITY ADDRESS OF | | | | | |
| BUSINESS ENTITY PRINCIPAL BUSINESS | | | | | |
| ACTIVITY POSITION HELD | | | | | |
| VITH ENTITY | | | | | |
| | | | | | |
| | | | | | |
| | ARE CONTINUED ON A SEPARATE SHE | | | | |
| | ARE CONTINUED ON A SEPARATE SHE | | | | |
| SIGNATURE (required): | DATE S | GNED (required): | | | |
| 11TX 0 | | 7 0 2 1 00 7 | | | |
| FILING INSTRUCTIONS: | | | | | |
| WHAT TO FILE: | WHERE TO FILE: | WHEN TO FILE: | | | |
| After completing all parts of this form, including signing and dating it, send back only the first | If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for | Initially, each local officer/employee, state officer, and specified state employee must | | | |
| sheet (pages 1 and 2) for filing. | your annual disclosure filing, return the form to | file within 30 days of the date of his or her | | | |
| If you have nothing to report in a particular | that location. | appointment or of the beginning of employ- ment. Appointees who must be confirmed by | | | |
| section, you must write "none" or "n/a" in that section(s). | Local officers/employees file with the Supervisor of Elections of the county in which they perma- | the Senate must file prior to confirmation, even if that is less than 30 days from the date of their | | | |
| • | nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county | appointment. | | | |
| Facsimiles will not be accepted. | where your agency has its headquarters.) | Candidates for publicly-elected local office must file at the same time they file their | | | |
| NOTE: MULTIPLE FILING UNNECESSARY: | State officers or specified state employees file with the Commission on Ethics, P.O. Drawer | qualifying papers. | | | |
| Generally, a person who has filed Form 1 for a | 15709, Tallahassee, FL 32317-5709; physical | Thereafter, local officers/employees, state | | | |

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.

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.

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.