

12MAY13PM1037 SDE LEE OF F1

**CANDIDATE OATH -
CANDIDATE WITH NO PARTY AFFILIATION**

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, James P Chandler
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of Tax Collector, _____,
(office) (district #)

_____, _____; I am a qualified elector of Lee County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

X [Signature]

()

dylansgrandpa@emborgmail.com

111447513

Email Address

CHANDLER, JAMES PAUL
1124 NE 33RD ST
CAPE CORAL FL 33909

State

Zip Code

Ca

voter information card): 111447513

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 31 day of May, 2012.

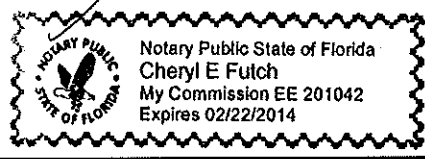
Personally Known: X or

[Signature]
Signature of Notary Public

Produced Identification: _____

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____



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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Chandler James Paul

MAILING ADDRESS:

1124 NE 33rd St

Cape Coral 33909 Lee

CITY: ZIP: COUNTY:

Lee County

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

JAN 12 2011 9 19 50 AM LEE CO FL

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 11 was \$ (159,500).

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 87,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Household Goods & Personal Effects	87,000.00
NiSource Stock 40 shares	1,000
Harvest Nature Stock 40 Shares	1,000.00
Home 1124 NE 33rd St Cape Coral	57,000.00
Home (Daughter 1/2) 1121 NE 33rd St Cape Coral	28,500.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navy Federal Credit Union Credit Card	16,000.00
Navy Federal Credit Union Mortgages	307,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cosigner Signature line loan with daughter	11,000.00



PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [(If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.)]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

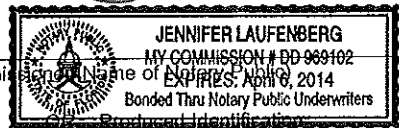
STATE OF FLORIDA
 COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 23rd day of

May, 2012 by James P. Chandler

Jennifer Laufenberg
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Name of Notary Public)



Personally Known

Type of Identification Produced _____

James P. Chandler
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.



For the year Jan. 1-Dec. 31, 2011, or other tax year beginning . 2011, ending . 20

Your first name and initial: **James P**
 Last name: **Chandler**
 Your social security number: _____
 If a joint return, spouse's first name and initial: _____
 Last name: _____
 Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions.
1124 NE 33rd St
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Cape Coral, FL 33909
 Foreign country name: _____ Foreign province/county: _____ Foreign postal code: _____
 ApL no.: _____
 Make sure the SSN(s) above and on line 6c are correct.
Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **Patricia F Chandl**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. _____
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse.
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instructions and check here
 Boxes checked on 6a and 6b: **1**
 No. of children on 6c who:
 • lived with you: **0**
 • did not live with you due to divorce or separation (see instructions): **0**
 Dependents on 6c not entered above: **0**
 Add numbers on lines above: **1**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	45,138.
	8a	Taxable interest. Attach Schedule B if required	8a	15.
	b	Tax-exempt interest. Do not include on line 8a 8b		
	9a	Ordinary dividends. Attach Schedule B if required	9a	15.
	b	Qualified dividends 9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions 15a	b Taxable amount	
	16a	Pensions and annuities 16a	b Taxable amount	23,738.
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits 20a	b Taxable amount	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	68,906.

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35	36	0.
	37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	68,906.



Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	68,906.
	39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input checked="" type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,223.
	41	Subtract line 40 from line 38	41	46,683.
	42	Exemptions. Multiply \$3,700 by the number on line 6d	42	3,700.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	42,983.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	6,869.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	6,869.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 23	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	0.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	6,869.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	6,869.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	10,176.
	63	2011 estimated tax payments and amount applied from 2010 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election. <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	10,176.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	3,307.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	3,307.
	b	Routing number <input type="text"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
	75	Amount of line 73 you want applied to your 2012 estimated tax	75	
	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0.
	77	Estimated tax penalty (see instructions)	77	

Standard Deduction for-
 • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
 • All others: Single or Married filing separately, \$5,800
 Married filing jointly or Qualifying widow(er), \$11,600
 Head of household, \$8,500

TEMPORARY DISCLOSURE

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instr. Keep a copy for your records.	Your signature	Date	Your occupation Tax Auditor	Daytime phone number 239-573-2656
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Teacher	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	



**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Attachment Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A (Form 1040).

Name(s) shown on Form 1040

Your social security number

James P Chandler


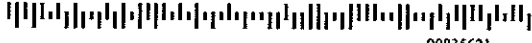
Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid		5 State and local (check only one box):			
	a <input type="checkbox"/> Income taxes, or	5	697.		
	b <input checked="" type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions).	6	1,614.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			2,311.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	19,912.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	19,912.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18.		19	0.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	0.
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	
		22 Tax preparation fees		22	
		23 Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25			
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0.
Other Miscellaneous Deductions		28 Other - from list in the instr. List type and amount ▶		28	0.
Total Itemized Deductions		29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29	22,223.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

12MAY23PM 9:20:50EL EEOPI



1	Wages, tips, other comp.	45138.31	2	Federal income tax withheld	8754.93
3	Social security wages	45780.82	4	Social security tax withheld	1922.79
5	Medicare wages and tips	45780.82	6	Medicare tax withheld	663.82
d	Control number	Dept. MIAM/YDL 202200	12	Employer use only	A
c	Employer's name, address, and ZIP code COUNTY OF LEE OFFICE OF PROPERTY APPRAISER PO BOX 1546 FORT MYERS FL 33902				
b	Employer's FED ID number	59-6000706	a	Employee's SSA number	
7	Social security tips		8	Allocated tips	
9	Nonqualified plans		10	Dependent care benefits	
11	Other	94251 414H	12a		
12b			12c		
12d			13	Stat emp, flat, plan, 3rd party sick pay	X
e/f	Employee's name, address and ZIP code JAMES PAUL CHANDLER 1124 NE 33RD ST CAPE CORAL, FL 33909				
15	State	FL	16	State wages, tips, etc.	
17	State income tax		18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	

FL State Filing Copy
W-2 Wage and Tax **2011**
Statement
OMB No. 1545-0048
Copy 2 to be filed with employer's State income Tax Return.

Control Number RET3185157		<input type="checkbox"/> CORRECTED (if checked)		12/12/11		
PAYER'S name, street address, city, state, and ZIP code  DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130			1	Gross distribution	OMB No. 1545-0119 2011	Distributions From Pensions, Annuities, Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			\$	23738.00		
PAYER'S Federal identification number 34-0727612			2a	Taxable amount	Form 1099-R	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S identification number			\$	23738.00		
RECIPIENT'S name, street address, city, state, and ZIP code  00835621 JAMES P CHANDLER 1124 NE 33RD ST CAPE CORAL, FL 33909-3523			2b	Total distribution <input type="checkbox"/>	7	Distribution code 7
			4	Federal income tax withheld	\$	1420.80
			9	Your percentage of total distribution	%	
			12	State tax withheld	\$	
			13	State/Payer's state no.		
			RETIREED		01012011-12312011	