FORM 1	STATEM	IENT OF		2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS		FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE				
Jehastiah Ja /	Richard David			
260 Dohora	BIVD			
		}		
Fort Myers Beac	LZIP 33931 COUNTY	=6		
Fort Myers Beach		rict		
NAME OF OFFICE OR POSITION HEL BOARD OF I	DORSOUGHT!			
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OF	R APPOINTEE		
*1	** THIS SECTION MUS	ST BE COMPLETED	) ****	State of the Control
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YO				CEMBER 31, 2019.
MANNER OF CALCULATING F FILERS HAVE THE OPTION OF US FEWER CALCULATIONS, OR USII (see instructions for further details).	SING REPORTING THRESHOL NG COMPARATIVE THRESHO	DS THAT ARE ABSOLUTE LDS, WHICH ARE USUAL USING (must check one):	LY BASE	D ON PERCENTAGE VALUES
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PART A PRIMARY SOURCES OF INC (If you have nothing to repo	COME [Major sources of income to ort, write "none" or "n/a")	the reporting person - See ins	tructions]	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY
Social Securit	y Was hington.	D.C.	Federal Gover	
Delta Airline	P.O. Box 52045	Phoenix AZ5072	Air	-line
kamana ay kamanan ila ya da sana sa kaka kambanan ilay sa mangga tahukana kamana kata sa manga ka	7. Benderik 117 (B. 17) dek et en frederik 2 aug - hjolik fred det i diggere gener (	man a sur full a flower on the best of the agree of a survey survey.	That was a graph as	
PART B — SECONDARY SOURCES O [Major customers, clients, an (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting pe	erson - See	instructions]
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE			PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA				
or and a supplication of the supplication of t	and the second s			
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")			lines o	e not limited to the space on the n this form. Attach additional , if necessary.
*//-			FILING and w	G INSTRUCTIONS for when here to file this form are d at the bottom of page 2.
			INSTR this fo	UCTIONS on who must file orm and how to fill it out on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non	ocks, bonds, certificate	s of deposit, etc See ins	structions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
IRA	Morgan	, , ,	mith Barney		
Bank Accounts	, / ; /	vancial C	redit Union		
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non	s] e" or "n/a")				
NAME OF CREDITOR	ADDRESS OF CREDITOR				
1/4	THE RESIDENCE				
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses • See instructions]  (If you have nothing to report, write "none" or "n/a")					
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2		
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					
PART G — TRAINING For elected municipal officers required to complete and	nual ethics training pur	suant to section 112.3142	F.S.		
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.					
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE		
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY			
Signature:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:			
Thod D. Seboston Jr		I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the			
Date Signed: 6 - 4-2020		disclosure herein is true and correct.  CPA/Attorney Signature:			
g managa and the managa gain with a managane or one that when day managane a dealer of the managane strong strong and the second strong strong and the second strong strong and the second strong	** ** *** ****	Date Signed:			
FILING INSTRUCTIONS:		the Marks and the subject to the sub	Control of the second of the s		
If you were mailed the form by the Commission on Et	hion or a County C	amaliala 4 El - Il-1. E			

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. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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 must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.