

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2021

Please print or type your name and the official title, agency name, and position title.

FOR OFFICE USE ONLY

LAST NAME - FIRST NAME - MIDDLE NAME
HARRAH JASON

254928

MAILING ADDRESS

197 ROCKCREEK DR

CITY
SAINT JOHNS

ZIP
32259-3277

COUNTY
ST. JOHNS

NAME OF AGENCY
DURBIN CROSSING CDD

NAME OF OFFICE OR POSITION HELD OR SOUGHT

BRD. OF SUPERVISORS/ASST. SECRETARY

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

SUPERVISOR OF ELECTIONS SUPERVISOR OF ELECTIONS

2022 MAY 31 AM 8:15

2022 JUN 15 PM 1:51

ST JOHNS COUNTY VICKY OAKES

ST JOHNS COUNTY VICKY OAKES

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES OR PERCENTAGE REQUIREMENTS FEWER CALCULATIONS OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEE INSTRUCTIONS FOR FURTHER DETAILS). CHECK THE ONE YOU ARE USING (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, write "none" or "n/a"

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
U.S. Army Corps of Engineers	701 San Marco Blvd. Jax FL 32207	Federal Agency (DoD)

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 SOURCE OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY (Land, buildings, owned by the reporting person - See instructions)
If you have nothing to report, write "none" or "n/a"

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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 A - IMMEDIATE PERSONAL PROPERTY (If you have nothing to report, write "none" or "nil")

TSP Savings Account	Federal Government Retirement Account
E-Trade Account	Common Stocks

PART E - LIABILITIES (If you have nothing to report, write "none" or "nil")

Americis Bank Mortgage	10611 Decwood Park Blvd. Jax, FL 32256
Honda Motor Co.	20900 Madrona Ave. Torrance CA 90503

PART F - INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)

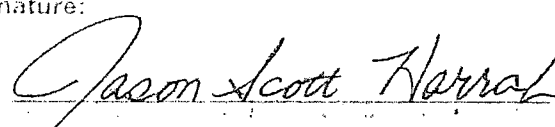
NAME OF BUSINESS	PERCENTAGE OWNED	OFFICE POSITION
	N/A	N/A
NAME OF BUSINESS		
NAME OF BUSINESS		
NAME OF BUSINESS		
NAME OF BUSINESS		
NAME OF BUSINESS		
NAME OF BUSINESS		

PART G - TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency, a candidate is required to complete annual ethics training pursuant to section 112.314, F.S.

N/A I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 5/27/2022

CPA or ATTORNEY SIGNATURE ONLY

If I am a CPA or Attorney, I am required to file this form under Chapter 173, or otherwise in good standing with the Florida Bar, prepared this form for you, or the filer, to complete the following statement:

I, _____, prepared this CE Form in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were elected or appointed 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 at the county in which they permanently reside. If you do not permanently reside in Florida, file with the Supervisor of the county where you are presently employed. Candidates who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor at the top of the mailing address on email address to the local election supervisor for further information. Ethics will be collected.

State officers or specified state employees who file with the Supervisor of Ethics may file by mail or email. To file by mail, send the completed form to: P.O. Drawer 14706 Tallahassee, FL 32314-0706. To file by email, send the completed form to: ethics@fldoe.org. Candidates who file with the Supervisor of Ethics may file by mail or email. Contact your Supervisor at the top of the mailing address on email address to the local election supervisor for further information. Ethics will be collected.

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 position.

Finally file a final disclosure for a Form 1F with a GO 1A's or leaving office or employment. File your CE Form 1F Final Statement of Financial Interests. You must receive the filer's Form 1F if the filer is in his or her position on December 31, 2021.