FORM 6 FULL AND PUBI	LIC DISCLOSURE 2019
Please print or type your name, mailing address, agency name, and position below:	AL INTERESTS FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Whitehurst Christian Gerard	
MAILING ADDRESS: 4048 Lonicera Loop	2020 ST V
CITY: ZIP: COUNTY: St Johns 32259 St John	
NAME OF AGENCY: St Johns County Commission	S COUNTY OAKES
NAME OF OFFICE OR POSITION HELD OR SOUGHT: County Commissioner District 1	EST TO SE
CHECK IF THIS IS A FILING BY A CANDIDATE	
Please enter the value of your net worth as of December 31 culated by subtracting your <i>reported</i> liabilities from your <i>rep</i> My net worth as of June 5th, 20	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum	
DESCRIPTION OF ASSET (specific description is req	uired - see instructions p.4) VALUE OF ASSET
See attached addendum for all other assets	
PART C I LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	LIABILITIES  I AMOUNT OF LIABILITY
See Attached Addendum	
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		PART D	· INCOME				
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.							
I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]							
PRIMARY SOURCES OF INCOME (See		ge 5):					
NAME OF SOURCE OF INCOME EXC		4000 Tau	ADDRESS OF SOUR			AMOUNT CAO 240	
Fast Fix Jewelry and Watch F	Repairs	4008 TOW	n Crossing Dr,	Jax, F	L 32240	\$40,240	
Rental Income						\$16,800	
SECONDARY SOURCES OF INCOME [N	lajor customers, cli	ents, etc., of bu			ersonsee instruct		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDF OF SO			PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
Northern on June in Control the Congress of Artificial State (Conference on the Additional Congress of							
DA DT E	AND DESCRIPTION OF THE PARTY OF	CDECIEIE	D BUSINESSES [In	atunatio	ns on page 61		
	USINESS ENTITY :		BUSINESS ENTIT			SINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	OOMEGO ENTITT		BOSINESS ENTIT	1 # 2		INCO ENTITE O	
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS							
POSITION HELD							
WITH ENTITY I OWN MORE THAN A 5%	S.4						
INTEREST IN THE BUSINESS	NEWS EXTENSIVE A RESIDENCE OF THE PROPERTY AND A SERVICE OF THE PR						
NATURE OF MY OWNERSHIP INTEREST							
		PART F - '	ΓRAINING				
For officers requi	red to complete	annual ethi	cs training pursua	nt to se	ection 112.314	2, F.S.	
I I CERT	IFY THAT I H	AVE COM	PLETED THE R	EQUIR	ED TRAININ	IG.	
OATH		STATE	OF FLORIDA	To	41/5		
I, the person whose name appears at th	à		to (or affirmed) and su		before me by me	ans of /	
beginning of this form, do depose on oa		phy	sical presence or	online no	tarization, this 🔼	day of	
and say that the information disclosed o	this form	J	UNE 20	20 by	CHRIST	TIAN WHITEHY	
and any attachments hereto is true, acci	ırate,		(e) ita)	Th	enous	C JUTA THOMADOON	
and complete.		(Signat	ure of Notary PublicS	State of F	lorida) Not	VITA THOMPSON tary Public, State of Florida	
		V	IA IHOME	950K	) My	Comm. Expires 02/26/2023	
$1/2 \sim 1/2$						Commission No. 6G306060	
SIGNATURE OF REPORTING OFFICIA	L OR CANDIDATE		ally Known	$-\stackrel{OR}{\not=}$	Produced Identi	fication	
		Туре о	f Identification Produce	ed	- DC		
If a certified public accountant licensec she must complete the following stater		3, or attorney	in good standing with	h the Flo	orida Bar prepare	d this form for you, he or	
Ι,						8, Florida Constitution,	
Section 112.3144, Florida Statutes, an and correct.	the instructions t	o the form. Up	oon my reasonable kr	nowledge	e and belief, the	disclosure herein is true	
Signature					Date	)	
Preparation of this form by a CF	A or attorney d	oes not relie	eve the filer of the	respon			
IF ANY OF PARTS A THRO							

## Full and Public Disclosure of Financial Interests – Whitehurst, Christian Gerard

## Assets – Part B

-	Fast Fix Jewelry and Watch Repairs – Avenues Mall	\$400,000
	10300 Southside Blvd Suite 130A Jacksonville, FL 32256	
-	Fast Fix Jewelry and Watch Repairs – St Johns Town Center	\$500,000
	4668 Town Crossing Dr. #109, Jacksonville, FL 32246	
-	Rental Property 5663 Greenland Rd, Unit 1804, Jacksonville, FL 32258	\$193,000
-	Primary Residence 4048 Lonicera Loop, St Johns, FL 32259	\$442,000
-	Checking account Vystar Credit Union, P.O. Box 45085, Jacksonville, FL	\$10,000
-	Savings account Vystar Credit Union, P.O. Box 45085, Jacksonville, FL	\$11,000

## Liabilities – Part C

_	Mortgage Lonicera Loop	Colonial, P.O Box 2988, Fort Worth Tx 76113	\$241,000
_	Mortgage Greenland Rd	Chase, P.O. Box 469030, Glendale, CO 80246	\$144,000
-	Business Loan – Fast Fix Avenues	Celtic Bank, 268 South State Street	\$62,000
		Suite 300, Salt Lake City, UT 84111	
-	Business Loan – Fast Fix St Johns	Wells Fargo, P.O. Box 2715	\$184,000
		Winston Salem, NC 27102	
-	Car Loan	Vystar Credit Union P.O. Box 45085	\$3,000
		Jacksonville, FL 32232	
-	Paycheck Protection Program	Chase, P.O. Box 469030, Glendale, CO 80246	\$75,000