FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2020

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

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS

JUL 22 2022

RECEIVED

277851

LAST NAME — FIRST NAME — MIDDLE NAME:
White Robert Randel

MAILING ADDRESS:
1355 Sorrells Court

Jacksonville

CITY: Florida ZIP: 32221 COUNTY: Duval

NAME OF AGENCY:
Jacksonville City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
City Council Member, District 12

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 May 31, 20 22 was $ $1,138,951.49.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ _____

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Financial Statement	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attached Financial Statement	$262,733.25

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 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
See Attached Financial Statement		$258,786.00

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 6]

	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			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☑ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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.

Robert R. Usher

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 19 day of July, 20 22 by Randy Merriane G. Lahmeur

(Signature of Notary Public--State of Florida)

Merriane G. Lahmeur

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

Personally Known ✓ OR Produced Identification

Type of Identification Produced

MERRIANE G. LAHMEUR NOTARY PUBLIC MY COMMISSION EXPIRES 5-31-2026 STATE OF FLORIDA COMMISSION NUMBER HH 269179

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:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

FINANCIAL STATEMENT
Robert R. White
1355 Sorrells Court
Jacksonville, Florida 32221

Assets

Cash In Bank	$243,113.74	
Real Estate	$650,000.00	
Drop Account JFD	$317,000.00	
Life Insurance	$22,621.00	
Auto	$49,977.00	
Travel Trailer	$78,973.00	
Accounts Receivable	$40,000.00	
Stocks	$0.00	
Total Assets		**$1,401,684.74**

Liabilities

Real Estate Mortgages	$236,000.00	
Discover Personal Loan	$0.00	
Revolving Credit	$3,801.25	
Accounts Payable	$0.00	
Travel Trailer	$0.00	
Notes On Automobiles	$22,932.00	
Total Liabilities		**$262,733.25**

Total Assets	**$1,401,684.74**
Total Liabilities	**$262,733.25**
Net Worth	**$1,138,951.49**
Total Liabilities And Net Worth	**$1,401,684.74**

I make the above statement of my assets and liabilities as of May 31, 2022.

Robert R. White

Robert R. White

FINANCIAL STATEMENT
Robert R. White
1355 Sorrells Court
Jacksonville, Florida 32221

Real Estate	**Description**		
1355 Sorrells Court	Home		**$650,000.00**
Real Estate Mortgages			
1355 Sorrells Court, Jacksonville			**$220,040.41**
Installment Notes			
Discover Loan		$0.00	
Car		$23,261.00	
ATV		$0.00	
F-150		$36,369.00	
			$59,630.00
Revolving Credit			
Amex		$733.95	
Bank Of America		$0.00	
Capital 1		$0.00	
Discover		$3,067.30	
Sams		$0.00	
			$3,801.25
Banking			
Vystar Sav [redacted]		$3,065.00	
Vystar Ck [redacted]		$169,926.38	
Bank Of America [redacted]		$3,821.02	
Ameris [redacted]		$8,424.86	
Vystar [redacted]		$57,876.48	
			$243,113.74
Stocks			
None		$0.00	
			$0.00
Accounts Receivable			
JWMC		$40,000.00	
1-800-BoardUp		$47,000.00	
			$87,000.00
Life Insurance Face Value $200,000			
Cash Value		$22,621.00	
			$22,621.00
Source Of Income			
Retirement Jacksonville Fire Dept.			$171,000.00
Paul Murray Oil			$15,000.00
City Council			$50,000.00
SS			$22,786.00
			$258,786.00
	TOTAL INCOME		**$258,786.00**

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
White Robert Randal

MAILING ADDRESS:
1355 Sorrells Ct.

CITY: Jacksonville ZIP: FL 32221 COUNTY: Duval

NAME OF AGENCY: Jacksonville City Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
City Council Member - District 12

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PROCESSED

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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.]

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HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Financial Statement	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached Financial Statement	$262,733.25

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2021 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
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SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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NATURE OF MY OWNERSHIP INTEREST			

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☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

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.

Rhett R. White

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 2nd day of August, 2022 by Randy Lee.

(Signature of Notary Public--State of Florida)

Marianne G. Lahmeur
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification

Type of Identification Produced _____

MARIANNE G. LAHMEUR NOTARY PUBLIC MY COMMISSION EXPIRES 5-31-2026 STATE OF FLORIDA COMMISSION NUMBER HH 269119

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:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

_____ _____
Signature Date

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Robert R. White