

General Information

Name: Mr David Christopher Rich

PID 270173

AGENCY INFORMATION

Organization	Suborganization	Title
Gulf County	Elected Constitutional Officer	County Commissioner District 1

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	GULF COUNTY	COUNTY COMMISSIONER

Net WorthMy Net Worth as of December 31, 2023 was \$ 511,348.16.

Assets

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 effect is \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
residential home	\$ 357,700.00
3 boats	\$ 15,000.00
investment lots	\$ 35,300.00
insurance policy	\$ 25,000.00
bank accounts	\$ 94,668.16
fl prepaid college plan	\$ 18,500.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
centennial bank	Port St Joe , FL	\$ 55,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
N/A		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

Name of Business Entity	SPR,LLC.
Address of Business Entity	201 Williams Ave Port St Joe, fl 32456
Principal Business Activity	investment property
Postion Held with Entity	partial- owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	25%

Business Entity # 2

Name of Business Entity	Illustrious Charters,LLC
Address of Business Entity	po box 248 Wewahitchka, Fl 32465
Principal Business Activity	fishing entertainment
Postion Held with Entity	partial owner
I own more than a 5% Interest in the Business	Yes
Nature of my Ownership Interest	33%

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

David Christopher Rich

Digitally signed: 06/09/2024

Filed with COE: 06/09/2024