

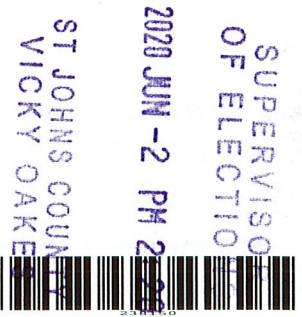
FOR OFFICE USE ONLY:

St. Johns County-Elected Constitutional Officer



*****AUTO**ALL FOR AADC 320 T1 P1 152 152

VICKY C OAKES, SUPERVISOR OF ELECTIONS
1911 ISHERWOOD TER
ST AUGUSTINE FL 32092-9213



ID CODE

ID NO.

CONF. CODE

Oakes, Vicky C



238150

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, 2019 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 December 31, 2019 was \$ 1,143,528

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Handwritten entry: See attached

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Handwritten entry: None

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Handwritten entry: None

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 instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
St. Johns Co. Supervisor of Elections	4455 Ave A #101 St. Aug, FL 32095	138,713.-
Rental Property	1931 Isherwood Ter St Aug, FL	8,000.00

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
NONE			

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	NONE		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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.

STATE OF FLORIDA
 COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 2nd day of

June, 2020 by Vicky Oakes

Erika E. Ward
 (Signature of Notary Public--State of Florida) **ERIKA E. WARD**
 Notary Public, State of Florida

My Comm. Expires 05/04/2024
 (Print, Type, or Stamp Commissioned Name ~~Commission No~~ **GG968223**)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Vicky Oakes
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Vicky C. Oakes, St. Johns County Supervisor of Elections

<u>Assets Individually Valued at over \$ 1,000</u>	<u>Value of Asset</u>
1911 Isherwood Terr. St. Augustine, FL 32092	\$209,509
1931 Isherwood Terr. St. Augustine, FL 32092	\$108,361
2007 GMC Yukon	\$ 7,000
Yamaha Piano	\$ 1,500
Checking Account (Community First C/U)	\$ 3,900
VyStar Credit Union - Savings Account & Cert. of Deposit	\$194,883
Vystar Credit Union - Roth IRA	\$ 26,612
Sun Trust - Roth IRA	\$ 86,490
Sun Trust Investment Account	\$ 57,912
Fla. Retirement System	\$ 30,566
457 Deferred Comp. Plan (Raymond James)	<u>\$386,795</u>
Total	\$ 1,113,528