

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Patty Brandon Joel

MAILING ADDRESS:
 1036 Meadow View Lane

CITY: ZIP: COUNTY:
 St Augustine 32092 St Johns

NAME OF AGENCY :
 St Johns County Clerk of the Circuit Court & Comptroller

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Clerk of Circuit Court & Comptroller

CHECK IF THIS IS A FILING BY A CANDIDATE

ST JOHNS COUNTY
 VICKY OAKES

2020 JUN -9 PM 4:16

SUPERVISOR
 OF ELECTIONS

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 June 9, 20 20 was \$ 203,263.

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 \$ 80,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
*** See Attached ***	

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 instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
*** See Attached ***		

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
*** See Attached ***			

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

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 9th day of

JUNE, 2020 by BRANDON PATTY

Vita Thompson
 (Signature of Notary Public--State of Florida) **VITA THOMPSON**

Notary Public, State of Florida
 (Print, Type, or Stamp Commissioned Name of Notary Public) Expires 02/26/2023
 Commission No. 6G306060

Personally Known _____ OR Produced Identification

Type of Identification Produced FL. DL.

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

Brandon Patty, St Johns County Clerk of Circuit Court and Comptroller

ASSETS	
1036 Meadow View Lane (Residence)	\$410,427.00
2011 Jeep Grand Cherokee	\$10,489.00
2000 Jeep Wrangler	\$6,300.00
Household Goods & Personal Effects	\$80,000.00
USAA Checking	\$6,000.00
Center State Bank	\$16,000.00
Zelaya - Real Estate Investment	\$20,000.00
Live Oak Capital, LLC (Private Equity Real Estate)	\$65,792.00
TOTAL	\$615,008.00

LIABILITIES	
USAA Mortgage	\$392,000.00
USAA Auto Loan	\$7,945.00
USAA Consumer Loan	\$2,000.00
American Express Consumer Loan	\$5,000.00
Great Lakes Student Loans	\$4,800.00
TOTAL	\$411,745.00

NET WORTH **\$203,263.00**

INCOME	
St. Johns County Clerk of Courts & Comptroller	\$137,145.06
U.S. Navy Reserve	\$23,000.00
Zelaya (Real Estate Investment)	\$2,400.00
Live Oak Capital, LLC (Private Equity Real Estate)	\$3,500.00
TOTAL INCOME:	\$166,045.06

ADDRESS OF INCOME	
4010 Lewis Speedway, St Aug, FL 32092	\$137,145.06
DFAS: 8899 E 56th Street Indianapolis, IN 46249	\$23,000.00
PO Box 7433, Alexandria, VA 22307	\$2,400.00
430 Plasters Ave NE, Suite 200, Atlanta, GA 30324	\$3,500.00
TOTAL INCOME:	\$166,045.06