

FORM 6

FULL AND PUBLIC DISCLOSURE SUPERVISOR 2021

OF FINANCIAL INTERESTS OF ELECTIONS

FOR OFFICE USE ONLY:

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

2022 JUN 13 PM 3:43

ST JOHNS COUNTY
VICKY OAKES

LAST NAME — FIRST NAME — MIDDLE NAME:

Counts Johnny Coe

MAILING ADDRESS:

9470 Barrel Factory Rd

CITY: ZIP: COUNTY:
Hastings 32145 St. Johns

NAME OF AGENCY:
St Johns County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
County Commissioner District 2

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, 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.]

My net worth as of December, 20 21 was \$ 1,467,000.

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 \$ 86,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
9470 Barrel Factory Rd 32145	978,000
733 SR 20 32147	107,000
106 Teddy Lane 32147	82,000
6007-6011 Silver Lake Dr. 32177	234,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FL Credit Union 1007 E University Ave 32601	18,000
SBA EDIL Program	50,000

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 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
East Palatka Tire Outlet	156 US 17 32131	25,000
Johnny Coe Inc	9470A Barrel Factory Rd 32145	8,000

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
Johnny Coe, Inc	SCS Roll Off Containers	7300 Crill Ave 32177	Trucking

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.

STATE OF FLORIDA

COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 10 day of

June, 2022 by Johnny Counts

Notary Public, State of Florida

My Comm. Expires 09/06/2025

Commission No. HH172485

Desiree Baker

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

Personally Known OR Produced Identification

Type of Identification Produced _____


 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

Form 6 Disclosure of Financial Interest (additional information)

Johnny Coe Counts

9470 Barrel Factory Rd

Hastings, FL 32145

St Johns County Commission District 2

Part B Assets:

VID 79235 Vacant lot SR 20 Francis 32177 \$33,000

141 Cherokee Dr 32148 \$15,000

Part D Income:

Outfront Media Inc. 185 US Hwy 46 Fairfield NJ 07004 \$1,590