

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:

Mask Randy

MAILING ADDRESS:

3432 SE 20th Ln

CITY:

Sumterville

ZIP:

33585

COUNTY:

Sumter

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Tax Collector

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, 2015 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 1, 20 16 was \$ 1,528,920.00.

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 \$ 70,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
5889 CR 551A Bushnell Fl 33513	50,000.00
5881 CR 551A, Bushnell Fl 33513	40,000.00
5877 CR 551A Bushnell Fl 33513	33,320.00
5585 CR 551A, Bushnell Fl 33513	31,100.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Fifth Third Bank, P.O. Box 630412, Cincinnati Oh 45263	246,000.00
State Farm Bank, One State Farm Plaza, Bloomington Il 61710	23,000.00
Kelly Rice 1920 C-478A, Webster Fl 33597	9,500.00
Kelly Rice 1920 C-478A, Webster Fl 33597	30,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
United Southern Bank, P.O. Drawer 29, Umatilla Fl 32785	26,000.00

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 _____, 20____ was \$ _____.

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

259 SW 59th Rd, Bushnell Fl 33513

29,400.00

263 SW 59th Rd, Bushnell Fl 33513

40,000.00

267 SW 59th Rd, Bushnell Fl 33513

50,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

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CITY: ZIP: COUNTY:
Sumterville 33585 Sumter

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PART A — NET WORTH

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My net worth as of _____, 20____ was \$ _____.

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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
5591 CR 551A, Bushnell Fl 33513	20,000.00
5741 CR 551A, Bushnell Fl 33513	43,000.00
5735 CR 551A, Bushnell Fl 33513	43,000.00
SEC 8, TWP 21 S, RNG 22 E, Bushnell FL 33513	15,000.00

PART C — LIABILITIES

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

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PART A -- NET WORTH

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My net worth as of _____, 20____ was \$ _____.

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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
5933 CR 551A, Bushnell FL 33513	26,000.00
3919 US Hwy 301, Bushnell FL 33513	55,000.00
2295/2297 SR 471, Sumterville FL 33585	50,000.00
lot in Bushnell FL 33513 (locate next to 5933 CR 551A)	10,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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My net worth as of _____, 20 ____ was \$ _____.

PART B -- ASSETS

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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
lots 2,3,7,8, Lincoln Park, Bushnell Fl 33513	9,000.00
lots 12,13,17,21, Johnson Sub, Webster Fl 33597	9,000.00
SE 20th Ln, Sumterville Fl 33585 (5 acres)	13,700.00
3432 SE 20th Ln, Sumterville Fl 33585	375,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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PART A -- NET WORTH

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My net worth as of _____, 20 ____ was \$ _____.

PART B -- ASSETS

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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
25% owner of Mask Sumter Investments	130,000.00
2014 Ford F150	35,800.00
1929 Ford Model A	20,000.00
2008 Gulfstream RV	11,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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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
1999 New Holland Tractor	6,500.00
Golfcart	2,000.00
Front-end Loader	5,500.00
Honda 4-wheeler (#1)	2,000.00

PART C -- LIABILITIES

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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
Honda 4-wheeler (#2)	3,000.00
Sun Trust (checking) 107 Bushnell Plaza, Bushnell FL 33513	27,500.00
Sun Trust (checking) 107 Bushnell Plaza, Bushnell FL 33513	6,500.00
Sun Trust (money market) 107 Bushnell Plaza, Bushnell FL 33513	2,600.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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PART A -- NET WORTH

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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
FRECU (savings) P.O. Box 1697, Tallahassee FL 32303	3,500.00
LPL Financial (retirement) 9785 Towne Centre Dr, San Diego Ca 92121	118,000.00
FRS (401K) P.O. Box 9000, Tallahassee FL 32315	136,000.00
NRECA (SECO pension) P.O. Box 6127, Lincoln Ne 68506	315,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 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
Tax Collector	220 E McCullem Ave, Bushnell FL 33513	110,936.00

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
Mask Properties LLC	Rental properties		33,600.00
Mask Properties LLC	Mortgages		33,000.00

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Mask Sumter Investments		
ADDRESS OF BUSINESS ENTITY	5726 CR 551, Bushnell 33513		
PRINCIPAL BUSINESS ACTIVITY	Rental property		
POSITION HELD WITH ENTITY	Manager		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	25%		

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.

Randy Mask

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF

Sumter

Sworn to (or affirmed) and subscribed before me this 20 day of

June, 2016 by RANDY MASK

(Signature of Notary Public—State of Florida)
Connie Webb
 (Print, Type, or Stamp Commissioned Name of Notary Public)

CONNIE WEBB
 Commission # FF 136381
 Expires October 25, 2018
 My Fals Insurance 800-365-7019

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

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 ☐