

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2016**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Mask

Randy

MAILING ADDRESS:

P.O. Box 480

CITY :

ZIP :

COUNTY :

Sumterville

33585

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE ☐FLORIDA
COMMISSION ON ETHICS

JUL 03 2017

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100176
PROCESSED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2016 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 17 was \$ 1,683,036.**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 \$ 87,000**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 FI 33513	50,000
5881 CR 551A, Bushnell FI 33513	20,572
5877 CR 551A, Bushnell FI 33513	29,861
5585 CR 551A, Bushnell FI 33513	27,456

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	232,000
Suncoast Schools FCU 217 W Belt Ave, Bushnell FI 33513	38,000
Kelly Rice 1920 C-478A, Webster F 33597	3,400
Kelly Rice 1920 C-478A, Webster F 33597	25,300

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
United Southern Bank P.O. Drawer 29, Umatilla FI 32785	11,818

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

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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	2,825
SunTrust (checking) 107 Bushnell Plaza, Bushnell FL 33513	11,700
SunTrust (savings) 107 Bushnell Plaza, Bushnell FL 33513	10,853
SunTrust (checking) 107 Bushnell Plaza, Bushnell FL 33513	9,570

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

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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
SunTrust (money market) 107 Bushnell Plaza, Bushnell FL 33513	2,600

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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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
1929 Ford Model A	20,000
2015 Forest River Camper	21,000
4.25 acres in Sumter Crossing	100,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Light Stream (Suntrust) 107 Bushnell Plaza, Bushnell FL 33513	21,000
Center State 114 W Belt Ave, Bushnell FL 33513	29,640
Center State 114 W Belt Ave, Bushnell FL 33513 (pd off 6/20/17)	65,654
Suntrust 107 Bushnell Plaza, Bushnell FL 33513	13,900

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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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
lots 2,3,7,8 Lincoln Park, Bushnell FI 33513	9,000
lots 12,13,17,21 Johnson Sub, Webster FI 33597	9,000
SE 20th Ln, Sumterville FI 33585	8,300
2017 Ford F250	55,000

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

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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
5933 CR 551A, Bushnell FI 33513	22,279
3919 US HWY 301, Bushnell FI 33513	70,000
2295/2297 SR 471, Sumterville FI 33513	65,000
vacant lot in Bushnell(located next to 5933 CR 551A)	10,000

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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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	25,613
263 SW 59th Rd, Bushnell Fl 33513	40,000
267 SW 59th Rd, Bushnell Fl 33513	50,000
210 SW 59th Rd, Bushnell Fl 33513	50,000

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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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 FI 33513	15,340
5741 CR 551A, Bushnell FI 33513	40,000
5735 CR 551A, Bushnell FI 33513	40,000
Sec 8,TWP 21 S,RNG 22 E, Bushnell FI 33513	15,000

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

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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
Fidelity (retirement) Rick Serra CLU 2226 W Main St, Leesburg Fl 34748	131,800
FRS (401K) P.O.Box 9000, Tallahassee 32315	180,000
NRECU (SECO pension) P.O.Box 6127, Lincoln Ne 68506	340,280
Honda 4-wheeler #1	1,700

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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ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
3432 SE 20th LN, Sumterville FL 33585	422,000

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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Kelly Rice 1920 C-478A, Webster Fl 33597	3,400
Kelly Rice 1920 C-478A, Webster Fl 33597	25,300

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	11,818

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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 McCullen Ave, Bushnell FL 33513	112,377

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		46,200
Mask Properties LLC	Mortgages		42,000

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		
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.

[Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF

SUMTER

Sworn to (or affirmed) and subscribed before me this 30 day of

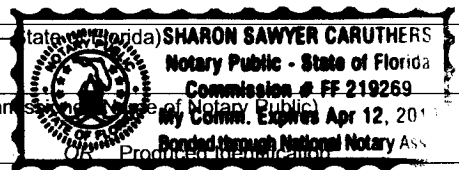
June, 2017 by

(Signature of Notary Public - State of Florida) *[Signature]*

(Print, Type, or Stamp Commission # FF 219269
My Comm. Expires Apr 12, 2018)

Personally Known ☒ 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]
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 ☐