

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

CHECK IF THIS IS A FILING BY A CANDIDATE ☐100176
FLORIDA
COMMISSION ON ETHICS

JUL 01 2019

RECEIVED

PROCESSED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2018 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 30, 20 19 was \$ 1,788,385.00.**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 \$ 82,293**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
5889 CR 551, Bushnell, Fl. 33513	50,000
5881 CR 551, Bushnell, Fl. 33513 (holding mortgage)	11,585
5877 CR 551, Bushnell, Fl. 33513 (holding mortgage)	22,057
5585 CR 551, Bushnell, Fl. 33513 (holding mortgage)	19,237

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citizens First Bank P.O.Box 760 The Villages, Fl. 32158	446,794
SunCoast CU 217 Belt Ave, Bushnell, Fl. 33513 (pd as of 6/19)	0.00
Kelly Rice 1920 E C 478 A, Webster, Fl. 33597	15,393

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 (pd as of 11/18)	0.00

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
1929 Ford Model A	20,000
25% owner of Mask Sumter Investments	130,000
2015 Forrest River camper	18,000
2013 Ford Explorer (sold as of 2/19)	0.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast FCU 217 Belt Ave, Bushnell, Fl. 33513 (Explorer-sold 2/19)	0.00
Suntrust 107 Bushnell Plaza, Bushnell, Fl. 33513 (loan-pd as of 10/18)	0.00
Lightstreams (ST) P.O.Box 117320, Atlanta, Ga. 30368 ((pd as of 6/19)	0.00
Center State 114 W Belt Ave, Bushnell, Fl. 33513 (pd as of 12/18)	0.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**LAST NAME — FIRST NAME — MIDDLE NAME:
Mask RandyMAILING ADDRESS:
10393 NE 104th CircleCITY : ZIP : COUNTY :
Oxford 34484 Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Tax CollectorCHECK IF THIS IS A FILING BY A CANDIDATE ☐**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2018 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
lots 12,13,17,21 Johnson Sub, Webster, Fl. 33597	9,000
2017 Ford F250	45,000
Suntrust (checking) 107 Bushnell Plaza, Bushnell, Fl. 33513	8,207
Suntrust (checking) 107 Bushnell Plaza, Bushnell, Fl. 33513	1,682

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TD (renovate) P.O. Box 100114 Columbia, SC. 29202	3,278
Synchrony P.O.B ox 960061 Orlando, Fl. 32896-0061	5,396

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**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:

10393 NE 104th Circle

CITY : ZIP : COUNTY :
Oxford 34484 Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
120 CR 551, Bushnell, Fl. 33513 (holding mortgage)	8,126
Fedeliity (retirement) Rick Serra CLU 2226 W Main St, Leesburg, Fl. 34748	152,158
FRS (401K) P.O.Box 139000 Tallahassee, Fl. 32315	236,717
NRECA (SECO pension) P.O.Box 6127 Lincoln, Ne. 68506	344,436

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

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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 (holding mortgage)	11,074
263 SW 59th Rd, Bushnell, FL 33513 (sold as of 6/19)	0.00
267 SW 59th Rd, Bushnell, FL 33513 (sold as of 6/19)	0.00
210 SW 59th Rd, Bushnell, FL 33513 (holding mortgage)	32,876

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

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
5591 CR 551A, Bushnell, Fl. 33513 (holding mortgage)	5,832
5741 CR 551A, Bushnell, Fl. 33513	40,000
5735 CR 551A, Bushnell, Fl. 33513	40,000
Sec 8, TWP 21 S, RGD 22 E, Bushnell, Fl. 33513	15,000

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

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
10393 NE 104th Circle, Oxford, FL 34484	665,000
5933 CR 551 A, Bushnell, FL 33513 (holding mortgage)	13,561
3919 US Hwy 301, Bushnell, FL 33513	70,000
2295/2297 SR 471, Sumterville, FL 33585 (sold as of 11/18)	0.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
180 CR 551, Bushnell, Fl. 33513 (2 lots)	10,000
Suntrust (savings) 107 Bushnell Plaza, Bushnell, Fl. 33513	2,518
Suncoast FCU (savings) Bushnell Plaza, Bushnell, Fl. 33513	2,307
Suntrust (monet 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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FORM 6**FULL AND PUBLIC DISCLOSURE****2018**

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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
Citizens First Bank (checking) Lake Sumter Landings, The Villages, Fl. 32162	37,692
Citizens First Bank (checking) Lake Sumter Landings, The Villages, Fl. 32162	8,040
Citizens First Bank (savings) Lake Sumter Landings, The Villages, Fl. 32162	19,248

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

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2018**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:

10393 NE 104th Circle

CITY :

Oxford

ZIP :

34484

COUNTY :

Sumter

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Tax Collector

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, 2018 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
1999 Front end loader	5,500
New Holland tractor	6,500

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2018 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	122,483

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		35,400
Mask Properties LLC	mortgages		43,900

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 CR551, 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 Mark
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

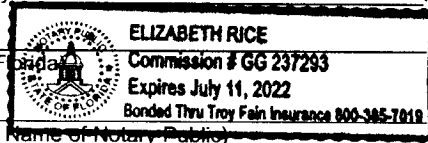
STATE OF FLORIDA
COUNTY OF Sumter

Sworn to (or affirmed) and subscribed before me this 28 day of

June, 20 19 by

ELICE
(Signature of Notary Public--State of Florida)

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



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 ☐