

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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 ☒**PROCESSED****100176****RECEIVED**

By Sumter County Supervisor of Elections at 3:59 pm, Jun 05, 2020

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 MAY 25, 20 20 was \$ 1,855,168.00.

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 \$ 60,000.00

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(HOLDING MORTGAGE)	28,887.00
5881 CR 551A, BUSHNELL, FL. 33513 (HOLDING MORTGAGE)	6,776.00
5877 CR 551A, BUSHNELL, FL. 33513 (HOLDING MORTGAGE)	18,042.00
5585 CR 551A, BUSHNELL, FL. 33513 (HOLDING MORTGAGE)	15,008.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
TRUIST 3340 WEDGEWOOD LN, THE VILLAGES, FL. 32162	445,664.00
KELLY RICE 1920 E C 478A WEBSTER, FL. 33597	13,300.00
SYNCHRONY P.O.BOX 960061 ORLANDO, FL. 32896-0061	4,022.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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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****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 _____, 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)

6,170.00

210 SW 59TH RD, BUSHNELL, FL. 33513 (HOLDING MORTGAGE)

24,817.00

5735 CR 551, BUSHNELL, FL. 33513

40,000.00

5741 CR 551, BUSHNELL, FL. 33513

40,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2019**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 ☒**100176****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 _____, 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
VACANT LAND, BUSHNELL, FL. 33513	15,000.00
5933 CR 551A, BUSHNELL, FL 35513	9,011.00
3919 US HWY 301, BUSHNELL, FL. 33513	85,000.00
10393 NE 104TH CIRCLE, OXFORD, FL. 34484	725,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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

100176

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, 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 _____, 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
SUMTER LIVING LLC 218 N FLORIDA ST, BUSHNELL, FL. 33513	6,000.00
SOUTHERN PROP. LLC 218 N FLORIDA ST, BUSHNELL, FL. 33513	15,000.00
LIZABETH LOPEZ VACANT LAND, BUSHNELL, FL. 33513	6,500.00
TONY HILDALGO VACANT LAND, BUSHNELL, FL. 33513	7,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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 RANDYMAILING ADDRESS:
10393 NE 104TH CIRCLE**100176**

CITY : OXFORD ZIP : 34484 COUNTY : 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, 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 _____, 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
ELENO GARCIA 5889 CR 551A, BUSHNELL, FL. 33513	6,571.00
BILL SPAUDE 616S ROLAND ST, BUSHNELL, FL. 33513	1,050.00
BRENDA SERRATO 259 SW 59TH RD, BUSHNELL, FL. 33513	6,514.00
BRENDA SERRATO 259 SW 59TH RD, BUSHNELL, FL. 33513	4,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2019**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

100176

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, 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 _____, 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

KITTY NEWMAN 180 SW 59TH RD, BUSHNELL, FL. 33513

2,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE
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MASK RANDYMAILING ADDRESS:
10393 NE 104TH CIRCLE**100176**CITY : 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, 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 _____, 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
25% OWNER OF MASK SUMTER INVESTMENTS	130,000.00
5917 CR 551A, BUSHNELL, FL. 33513	20,000.00
VACANT LAND, BUSHNELL, FL. 33513	40,000.00
1999 FRONT END LOADER	4,500.00

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****2019**

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OF FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

MASK RANDY

MAILING ADDRESS:

10393 NE 104TH CIRCLE

100176

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, 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 _____, 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
NEW HOLLAND TRACTOR	6,000.00
1929 FORD MODEL A	20,000.00
2015 FORREST RIVER CAMPER	17,000.00
2017 FORD F250	37,000.00

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

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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OF FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

MASK RANDY

MAILING ADDRESS:

10939 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****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 _____, 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
SUNTRUST (CHECKING) 107 BUSHNELL PLAZA, BUSHNELL, FL. 33513	44,318.00
SUNTRUST (MONEY MARKET) 107 BUSHNELL PLAZA, BUSHNELL, FL. 33513	2,600.00
SUNCOAST FCU (SAVINGS) 218 W BELT AVE, BUSHNELL, FL. 33513	3,642.00
CITIZENS FIRST (CHECKING) LAKE SIDE LANDINGS, THE VILLAGES, FL. 32162	10,446.00

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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10393 NE 104TH CIRCLE**100176**

CITY : OXFORD ZIP : 34484 COUNTY : 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, 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 _____, 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 (CHECKING) LAKE SIDE LANDINGS, THE VILLAGES, FL. 32162	13,731.00
CITIZENS FIRST (SAVINGS) LAKE SIDE LANDINGS, THE VILLAGES, FL. 32162	11,470.00
FIDELITY 2226 W MAIN ST, LEESBURG, FL. 34748	155,589.00
FRS P.O. BOX 139000, TALLAHASSEE, FL. 32315	248,487.00

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****2019**

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OF FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

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MASK RANDY

MAILING ADDRESS:

10393 NE 104TH CIRCLE

100176

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, 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 _____, 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
NRECA P.O. BOX 6127, LINCOLN, NE. 68506	425,025.00

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 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
TAX COLLECTOR	220 E MCCULLEN AVE	124,103.00
	BUSHNELL, FL. 33513	

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 PROP. LLC	RENTAL PROPERTIES		27,000.00
MASK PROP. LLC	MORTGAGES		42,000.00

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 INVEST.		
ADDRESS OF BUSINESS ENTITY	5726 CR 551, BUSHNELL,		
PRINCIPAL BUSINESS ACTIVITY	RENTAL PROPERTIES		
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.

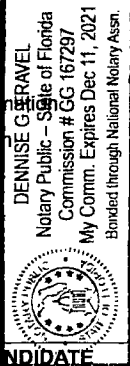
☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirm 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 by means of ☒ physical presence or ☐ online notarization, this 27th day of

MAY 2020 by RANDY MASK

Dennise G. Fravel
(Signature of Notary Public—State of Florida)

DENNISE G. FRAVEL

(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 ☒