

FORM 6**FULL AND PUBLIC DISCLOSURE****2020**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

PROCESSEDFLORIDA
COMMISSION ON ETHICS

JUN 28 2021

RECEIVED

100176

LAST NAME — FIRST NAME — MIDDLE NAME:

Mask Randy

MAILING ADDRESS:

10393 NE 104th Circle

CITY:

Oxford

ZIP:

FL

COUNTY:

34484

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, 2020 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, 20 21 was \$ 2,077,969.**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 \$ 68,000**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 FL 33513 (holding mortgage)	25,034
5877 CR 551A, Bushnell FL 33513 (holding mortgage)	12,905
5585 CR 551A, Bushnell FL 33513 (holding mortgage)	9,597
5933 CR 551A, Bushnell FL 33513 (holding mortgage)	3,131

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	433,708
Kelly Rice 1920 E C 48, Bushnell FL 33513 Pd off as of 5/2021	0.00
Synchrony P.O.Box 960061 Orlando FL 32896-0061 Pd off as of 5/2021	0.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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RECEIVED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2020 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)	3,400
210 SW 59th Rd, Bushnell Fl 33513 (holding mortgage)	13,748
3919 US HWY 301, Bushnell Fl 33513	110,000
5735 CR 551, Bushnell Fl 33513	48,000

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
5741 CR 551, Bushnell FL 33513	48,000
Deborah Noss P.O.Box 1025, Bushnell FL 33513 (sold 5/2021 no profit)	0.00
Brenda Serrato 259 SW 59th Rd, Bushnell FL 33513 (pd off 5/2020)	0.00
Brenda Serrato 259 SW 59th Rd, Bushnell FL 33513 (pd off 5/2021/180 SW 59th Rd, Bushnell)	6,000

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
5917 CR 551, Bushnell Fl 33513	22,000
10393 NE 104th Circle, Oxford Fl 34484	800,000
25% owner of Mask Sumter Investments	130,000
Vacant land, Bushnell Fl 33513 (sold 5/2021)	0.00

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
1999 Front End Loader	4,300
New Holland Tractor	5,800
2015 Forrest River Camper	16,800
1929 Ford Model A	20,000

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
2017 Ford F250	36,000
NRECA P.O.Box 6127, Lincoln NE 68506	490,065
Fidelity 2226 W Main St, Leesburg Fl 34748	6,714
FRS P.O.Box 139000, Tallahassee Fl 32315	551,538

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
Citizen First (checking) Lake Side Landings , The Villages Fl 32162	11,000
Citizen First (checking) Lake Side Landings , The Villages Fl 32162	6,200
Citizen First (savings) Lake Side Landings , The Villages Fl 32162	11,478
Suncoast FCU (savings) 218 W Belt Ave, Bushnell Fl 33513	3,642

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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 (checking) 107 Bushnell Plaza, Bushnell FL 33513	42,393
SunTrust (money market) 107 Bushnell Plaza, Bushnell FL 33513	2,600
SunTrust (checking) 107 Bushnell Plaza, Bushnell FL 33513	3,332

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

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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 2020 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 2020 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
Tax Collector	220 E McCullen Ave, Bushnell Fl 33513	126,794

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		6,900
Mask Properties, LLC	Mortgages		51,000

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 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

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 Sumter

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 24 day ofJune, 2021 by Randolph MaskMarie Varner
(Signature of Notary Public--State of Florida)Marie Varner
Print, Type, or Stamp Commissioned Name of Notary Public)Personally Known OR Produced Identification Type of Identification Produced Florida Driver License

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 ☐