FORM 6		ND PUBLIC				2021
Please print or type your name, mailing address, agency name, and position below:	OF F	INANCIAL I	NTERI	ESTS) FOR C	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDE Hawkins Brian Francis	LE NAME:		2 022	JUN 15 P	M 4: 02	
MAILING ADDRESS:				VISOR OF S 4 A NEW CO	ELECTIONS UNITY, FL	
CITY: Spring Hill 34	ZIP : 1608	COUNTY: Hernando				
NAME OF AGENCY: Hernando County Commission		· · · · · · · · · · · · · · · · · · ·				
NAME OF OFFICE OR POSITION HEL Hernando County Commission						
CHECK IF THIS IS A FILING BY A CAI	NDIDATE 🗹					
		PART A NET V				
Please enter the value of your n culated by subtracting your repo					•	
My net worth as of $\frac{\mathrm{Ma}}{-}$	y 31	, 20 22	was \$ _	\$ 4,832,714	·.11	
HOUSEHOLD GOODS AND PERSONA Household goods and personal effect following, if not held for investment furnishings; clothing; other household The aggregate value of my household	ts may be reporte ourposes: jewelry items; and vehicl	y; collections of stamps, cles for personal use, who	r aggregate va guns, and nu ether owned o	mismatic items; r leased.	,000. This cate art objects; h	egory includes any of the ousehold equipment and
ASSETS INDIVIDUALLY VALUED AT (OVER \$1,000:	lescription is required -				VALUE OF ASSET
See Attached						
	m.			· · · · · staints		
		PART C LIABI	LITIES	kangdan sa mengan sa sengan sa		
LIABILITIES IN EXCESS OF \$1,000 (SO NAME AND ADDRESS		on page 4):			ī	AMOUNT OF LIABILITY
See Attached						
						With the second
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS						AMOUNT OF LIABILITY
N/A						, Of LINDILIT

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 2021 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 2021 federal income tax return and all W2's, schedules, and attachrigents. If I is 15 [If you check this box and attach a copy of your 2021 tax return, you need not complete the remainder of Part D.]						
PRIMARY SOLIDCES OF INCOME (See instructions on page 5):						
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000	Ĭ	ADDRESS OF SOURCE OF INCOM	ADD COUNTY, FE AMOUNT		
Super Home Services G	roup LLC	380 Town P	laza Ste 420 Ponte Vedra FL 320	\$250,000		
SECONDARY SOURCES OF I	NCOME [Major customers, cl	ients, etc., of b	usinesses 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		
Hawks Nest Ventures LLC	Residential Renta	ls	See Attached	Real Estate Holdings		
	PART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions o	n page 6]		
	BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	Hawks Nest Ventures LLC		air Winds Capital LLC			
ADDRESS OF BUSINESS ENTITY	10155 Hoover Street Spring Hill FL 34608		155 Hoover Street Spring Hill FL 34608			
PRINCIPAL BUSINESS ACTIVITY	Residential Rentals		eal Estate Holdings			
POSITION HELD WITH ENTITY	Sole Proprietor		lanaging Member			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		es	***************************************		
NATURE OF MY OWNERSHIP INTEREST	100%	50	0%			
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.						
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						
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	A THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PI	LEASE CHECK HERE		

Brian Hawkins Candidate for Hernando County Commission District 2 2021 Form 6 Attachment

	711/7 JUN 19	
Part B Assets:	COPERVISOR OF ELECTIVE HERNANDO COUNTY.	ONS FL
Household Goods	HERMANDO COMO	75,000.00
Residence: 10155 Hoover Street Spring Hill FL 3460		584,159.00
Renatls and Real Property Owned (1-9)1- 158 S Mai	•	304,133.00
Brooksville FL 34601	\$	185,000.00
2- 1462 Piper Rd Spring Hill FL 34608	\$	183,770.00
3-13446 White Plains Street Spring Hill FL 34608	\$	181,300.00
4- 6209 Radford Street Spring Hill FL 34608	\$	181,300.00
5- 9111 Horizon Dr Spring Hill FL 34608	\$	160,448.00
6- 2347 Covington Rd Spring Hill FL 34608	\$	146,084.00
		•
7- 2010 W Tall Oaks Beverly Hill FL 34465 (lot) 8- 653 Bismark St Hernando FL 34442 (lot)	\$	24,500.00
` '	\$ \$ \$	19,500.00
9- 294 E Samuel St Hernando FL 34442 (lot) 2019 Dodge Ram	ې خ	19,500.00
2020 Honda Odyssey	\$	45,000.00
2022 Forest River Berkshire	\$	30,000.00 285,000.00
2021 Bluewave Boat and Trailer	\$	•
Suncoast FCU Checking/Savings	\$	105,000.00
Campaign Loan	\$	36,450.00
Chase Bank Checking	\$	50,000.00
Fidelity Investment Account	\$	993,946.00
Seacoast Bank Checking Account	\$	33,813.00 28,000.00
Brannen Bank Checking Account	\$	*
IRA	\$	103,760.00
401K	\$ \$	125,680.00
Super Home Services Group Class B Shareholer	•	127,850.00 1,400,000.00
Total		5,125,060.00
	Ş.	5,123,000.00

Part C Liabilities:	A GEIVED
	2022 JIN 15 PM 4: 02
Mortgage 10155 Hoover Street	\$ 225,000.00 FER VISOR OF ELECTIONS \$ 65,000,000 MED CONST. FL
Florida Credit Union Boat Loan	\$ 65,0001.00 NO COUNTY FL
Amex	\$ 2,345.89
Total	\$ 292,345.89
Net Worth Total as of May 31, 2022	\$ 4,832,714.11