

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2017**

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

**OF FINANCIAL INTERESTS**

**FOR OFFICE USE ONLY:**

2018 JUN 20 PM 12 05

STATE OF FLORIDA  
SUPERIOR COURT

LAST NAME — FIRST NAME — MIDDLE NAME:

Hopes Scott Lawrie

MAILING ADDRESS:

2980 50th AVE W Apt 23

CITY :

Bradenton

ZIP :

34207

COUNTY :

Manatee

NAME OF AGENCY :

School District of Manatee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

School Board Member District 4

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, 2017 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 December 31, 20 17 was \$ 2,868,903.

**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 \$ 236,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Stock (CliniLinc, Inc.)	\$1,946,903
Member Interest (N201WM LLC)	\$102,000
586 Bayshore DR, Ellenton FL	\$320,000
27347 SW 143rd CT, Homestead FL	\$320,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seterus Inc. PO Box 1077 Hartford CT (mortgage)	\$262,000
Philip Agnes, 3336 Higel AVE, Sarasota, FL (mortgage)	\$175,000
U.S. Student Loans	\$62,000
NMAC PO Box 660360 Dallas TX & BB&T PO Box 580048 Charlotte NC	\$37,392

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments. (If you check this box and attach a copy of your 2017 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
Borinquen Healthcare Care Center	3601 Federal Hwy, Miami, FL	\$30,904.36
Healthcare Management Decisions, Inc.	120 S Monroe ST, Tallahassee FL	\$44,750/00

**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
Healthcare Mgmt Decisions	Consulate Health Care	Maitland, FL	Skilled Nursing Facilities
HMD Healthcare Corporation	Healthcare Mgmt Decisions, Inc.	120 S Monroe ST, Tallahassee FL	Consulting

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**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.

STATE OF FLORIDA  
COUNTY OF MANATEE

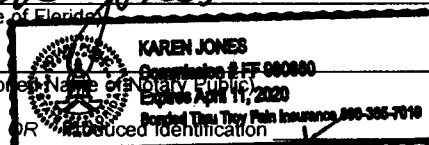
Sworn to (or affirmed) and subscribed before me this 20<sup>th</sup> day of

June, 2018 by Karen Jones  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced Fl. O.C.



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

Hopes, Scott 2017

**PART B – ASSETS cont'd**

RECEIVED

2018 JUN 20 PM 12 05

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

OFFICE OF CITY SUPERVISORS

<u>DESCRIPTION OF ASSET (specific description is required - see instructions p.4)</u>	<u>VALUE OF ASSET</u>
Stock (HMD Healthcare Corp)	\$255,000
Stock (Healthcare Management Decisions, Inc)	\$225,000
Member Interest (Global Healthcare Software LLC)	\$120,000

**PART D – INCOME cont'd**

**PRIMARY SOURCES OF INCOME, (See instructions on page 5):**

<u>NAME OF SOURCE OF INCOME EXCEEDING \$1,000</u>	<u>ADDRESS OF SOURCE OF INCOME</u>	<u>AMOUNT</u>
Manatee County School Board	PO Box 9069, Bradenton, FL	\$12,279
HMD Healthcare Corporation	PO Box 948 Ellenton, FL	\$8,500