

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

OF FINANCIAL INTERESTS

SUPERVISOR ELECTIONS
SARASOTA COUNTY
FOR OFFICE USE ONLY:

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

LAST NAME — FIRST NAME — MIDDLE NAME:

HAWKINS MARK E

MAILING ADDRESS:

5300 CARM. I GRA DRIVE

CITY:

SARASOTA

ZIP:

34231

COUNTY:

SARASOTA

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

BOCC DISTRICT 4

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 13 PM 12:08

FILED FOR RECORD
SARASOTA COUNTY

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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, 20 22 was \$ 1409000.

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 \$ 31000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House 5300 CARM. I GRA DRIVE SARASOTA FL 34231	1.4 million
97' 911-993-5 Porch	95000.00
2014 Infiniti	32000.00
FORD F150 2018 (32000) 25' WELL CRAFT BOAT (29000)	61000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
House FT 5300 CARM. I GRA DR. SARASOTA TRUST	400,000.00
BANK 844-487-8478	
Business Loan Trust Bank 844-487-8478 SARAS.	95,000.00
Loan Ford F150 Achieva 941-907-4000 SARAS.	15,000.00

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 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 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
Hawk's Nest Const	5300 CARM. LEAF DR.	175,000.00
Social Security	FEDERAL GOV	29,400.00

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Hawk's Nest Const		
ADDRESS OF BUSINESS ENTITY	5300 CARM. LEAF DR. SARASOTA FL 34231		
PRINCIPAL BUSINESS ACTIVITY	CONSTRUCTION		
POSITION HELD WITH ENTITY	OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	OWN 100%		
NATURE OF MY OWNERSHIP INTEREST	Run The Business		

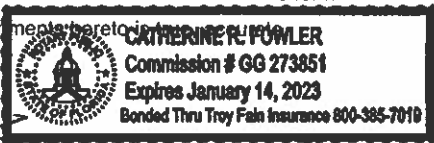
PART F - TRAINING

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 and complete.



STATE OF FLORIDA
 COUNTY OF SARASOTA
 Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 9TH day of

July, 2022 by MARK HAWKINS
 (Signature of Notary Public - State of Florida)

Catherine R. Fowler
 (Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL DL

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