FORM 1

STATEMENT OF

2017

Please print or type your name, mailing address, agency name, and position bel	ow: FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI	DDLE NAME :			
MATTHEWS T	IMOTHY E.	Ī		
			0.53	
	MANA	ATEE		
	COUNTY:			
			Some of Contract o	
NAME OF AGENCY :	_		20 July 20	
MOSQUITO CONT	eol Group 3			
NAME OF OFFICE OR POSITION	HELD OR SOUGHT:		· Fi	
COMMISSIONE	0			
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.			7	
CHECK ONLY IF CANDIDAT	E OR 🔲 NEW EMPLOYEE OF	RAPPOINTEE	H (N)	
			ro Ol	
**** <u>BO</u>	<u>TH</u> PARTS OF THIS SECT	TION <u>MUST</u> BE COMPL	ETED ****	
DISCLOSURE PERIOD:				
THIS STATEMENT REFLECTS Y	OUR FINANCIAL INTERESTS FOR	THE PRECEDING TAX YEAR, WH	HETHER BASED ON A CALENDAR	
	PLEASE STATE BELOW WHETHER	THIS STATEMENT IS FOR THE F	PRECEDING TAX YEAR ENDING	
EITHER (must check one):				
DECEMBER 31	, 2017 <u>OR</u> 🗆 SPECI	IFY TAX YEAR IF OTHER THAN TH	HE CALENDAR YEAR:	
MANNER OF CALCULATING I				
FILERS HAVE THE OPTION OF USING CO	JSING REPORTING THRESHOLDS MPARATIVE THRESHOLDS WHICH	THAT ARE ABSOLUTE DOLLAR V LARE LISHALLY RASED ON PER	ALUES, WHICH REQUIRES FEWER CENTAGE VALUES (see instructions	
for further details). CHECK THE	ONE YOU ARE USING (must check	one);	CENTAGE VALUES (SEE ITSUUCIONS	
·	(PERCENTAGE) THRESHOLDS	•	ALUE THRESHOLDS	
	(1 110111701) 11111101101110	<u> </u>	ALUE TIMEOTOLDO	
PART A PRIMARY SOURCES O	F INCOME [Major sources of income to	the reporting person - See instruction	Isa	
	report, write "none" or "n/a")	the reporting person - Coo menantin	no,	
****E OF OOLIDOR				
NAME OF SOURCE OF INCOME		URCE'S	DESCRIPTION OF THE SOURCE'S	
OF INCOME	AU	DDRESS	PRINCIPAL BUSINESS ACTIVITY	
Palmetto PD	1115 10m 57 W	PALMEMO, FL 34221 PO	LICE OFFICER	
MANATEE COUNTY MOSQUIT	MICHANDAY DAIT DAD AUE W			
	STORTES NOT SO	PAIMEND, HC SYCCI CO	MMISSONER	
'	DUCKSEL TOURS	PAIMEND, PC SYZZI CO	hmissoner.	
3	Control of the contro	PAIMETTO, FC SYZZI CO	HMISSONER	
,		MAIMEND, FC SYZZI CO	hmissoner	
PART B - SECONDARY SOURCE	S OF INCOME			
[Major customers, client	S OF INCOME s, and other sources of income to busine			
[Major customers, client	S OF INCOME			
[Major customers, client	S OF INCOME s, and other sources of income to busine	esses owned by the reporting person -		
[Major customers, client (If you have nothing to	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a")	esses owned by the reporting person -	See instructions]	
[Major customers, client (If you have nothing to NAME OF	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES	esses owned by the reporting person -	See instructions] PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES	esses owned by the reporting person -	See instructions] PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES	esses owned by the reporting person -	See instructions] PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES	esses owned by the reporting person -	See instructions] PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES	esses owned by the reporting person -	See instructions] PRINCIPAL BUSINESS	
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[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lan-	S OF INCOME s, and other sources of income to busine o report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE on - See instructions]	See instructions] PRINCIPAL BUSINESS	
[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lan- (If you have nothing to	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME d, buildings owned by the reporting persoreport, write "none" or "n/a")	ADDRESS OF SOURCE on - See instructions] File	See instructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE LING INSTRUCTIONS for when	
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[Major customers, client (If you have nothing to NAME OF BUSINESS ENTITY PART C REAL PROPERTY [Lan- (If you have nothing to	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME d, buildings owned by the reporting persoreport, write "none" or "n/a")	ADDRESS OF SOURCE on - See instructions] File	PRINCIPAL BUSINESS ACTIVITY OF SOURCE LING INSTRUCTIONS for when d where to file this form are	
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PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificate (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE	s of deposit, etc See instructions] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	
THEOTHIANOIDE	Documed Living Control	
I		
$\mathcal{N}\mathcal{U}$		
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR ;	ADDRESS OF CREDITOR	
QUICKEN LOANS		
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or position (If you have nothing to report, write "none" or "n/a") BUSINES: NAME OF BUSINESS ENTITY	s in certain types of businesses - See instructions] S ENTITY # 1 BUSINESS ENTITY # 2	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		
PART G — TRAINING For elected municipal officers required to complete annual ethics training pure I CERTIFY THAT I HAVE COMPL	suant to section 112.3142, F.S. ETED THE REQUIRED TRAINING.	
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON	A SEPARATE SHEET, PLEASE CHECK HERE	
SIGNATURE OF FILER: Signature:	CPA or ATTORNEY SIGNATURE ONLY 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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.	
Date Signed: _ 06-08-2018 FILING INSTRUCTIONS:	CPA/Attorney Signature: Date Signed:	

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.