

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Marrero Marcos Diego

MAILING ADDRESS:

118 Alcala Drive

CITY:

Kissimmee

ZIP:

34758

COUNTY:

Osceola

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Osceola County Commissioner: District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

OSC SOE JUN8'2019:19

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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, 2020 was \$ -11,945.00.

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 \$ 1,500

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2017 Nissam Altima	11,825
Chase Individual Retirement Account	1,081.11
Robin Hood Investments Account	2,235.39

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capitol One Auto Loan	-14,416
Nel Net Student Loans	-10,975
CapitolOne Credit	-1,957.25

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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

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			
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 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.

Marcos Marrero
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Orange
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 6 day of
June, 2020 by Marcos Marrero

 (Signature of Notary Public--State of Florida)
 (Print, Type, or Stamp Commissioned Notary Public)
 Personally Known OR Produced Identification _____
 Type of Identification Produced FLN

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

PATRICIO SOLANO
Comisionado de la Comisión de
Explosivos y Seguridad
Interior, Poder Judicial de la Federación



[Handwritten signature]

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Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Marcos D	Last name Marrero	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 118 Drive		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Kissimmee FL 34758		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>


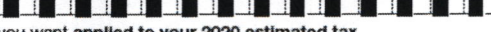
Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	32,274.
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a	2.	3b	106.
4a	IRA distributions	4a		4b	
c	Pensions and annuities	4c		4d	
5a	Social security benefits	5a		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here			6	
7a	Other income from Schedule 1, line 9			7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	32,380.
8a	Adjustments to income from Schedule 1, line 22			8a	478.
b	Subtract line 8a from line 7b. This is your adjusted gross income			8b	31,902.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	10.		
11a	Add lines 9 and 10	11a			12,210.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b			19,692.

12a	Tax (see Inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	2,167.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2,167.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2,167.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax	16	2,167.
17	Federal income tax withheld from Forms W-2 and 1099	17	2,402.

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:		
a	Earned income credit (EIC) No	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	2,402.

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	235.
	21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	235.
Direct deposit? See instructions.	b	Routing number  c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 		
	22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
	24	Estimated tax penalty (see instructions)	24	

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. **No**

(Other than paid preparer) Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation Office Manager	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) _____
Phone no. _____	Email address _____		

Paid Preparer Use Only

Preparer's name _____	Preparer's signature _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no. _____		Firm's EIN _____	
Firm's address _____				

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.

2019 Attachment Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

Marcos D Marrero

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [X] Yes [] No

Part I Additional Income

Table with 9 rows for Part I: Taxable refunds, alimony, business income, gains/losses, rental real estate, farm income, unemployment compensation, other income, and a total line.

Part II Adjustments to Income

Table with 12 rows for Part II: Educator expenses, business expenses, health savings account, moving expenses, self-employment tax, SEP/SIMPLE plans, health insurance deduction, penalty on early withdrawal, alimony paid, IRA deduction, student loan interest, tuition/fees, and a total line.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 05/10/20 Intuit.cq.cfp.sp

Schedule 1 (Form 1040 or 1040-SR) 2019

Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **55**

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Marcos D Marrero

Your taxpayer identification number

[REDACTED]

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	48.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	48.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	10.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	10.
11	Taxable income before qualified business income deduction	11	19,702.		
12	Net capital gain (see instructions)	12	2.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	19,700.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,940.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶			15	10.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

REV 05/10/20 Intuit.cj.cfp.sp

Form **8995** (2019)