FORM 1	STATI	EMEN	TOF	2019
Please print or type your name, mailing address, agency name, and position below:	FINANCIA	L IN	TERESTS	FOR OFFICE USE ONLY:
Balogh Matthew			a	JUN-9 PM 4:29
32213 Cottage	Glen Ln		SUPE	RVISOR OF ELECTIONS ID O'LAKES. FLORIDA
Wesley Chapel :		Sco		V 1975
700	ZIP COUN			
NAME OF AGENCY:				
NAME OF OFFICE OR POSITION HELD				
CHECK ONLY IF CANDIDATE OF	Segt 1 R I NEW EMPLOYE	E OR APPOI	NTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR MANNER OF CALCULATING REFLECTS HAVE THE OPTION OF USING FEWER CALCULATIONS, OR USING (see instructions for further details). C  COMPARATIVE (PERI	PORTABLE INTERES IG REPORTING THRES COMPARATIVE THRES HECK THE ONE YOU A CENTAGE) THRESHOL	STS: HOLDS THA SHOLDS, W ARE USING	ENDAR YEAR END AT ARE ABSOLUTE CHICH ARE USUAL (must check one)  DOLL	DING DECEMBER 31, 2019.  DOLLAR VALUES, WHICH REQUIRES LY BASED ON PERCENTAGE VALUES  AR VALUE THRESHOLDS
PART A - PRIMARY SOURCES OF INCO (If you have nothing to report.	ME [Major sources of incon write "none" or "n/a")	ne to the repor	rting person - See inst	ructions]
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS	æ	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Hernando county Sheriff	18900 Cortez		Brooksvillege	Government
			3460	
PART B SECONDARY SOURCES OF IN [Major customers, clients, and o (If you have nothing to report.  NAME OF BUSINESS ENTITY   A	ther sources of income to be		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C - REAL PROPERTY [Land, building	ngs owned by the reporting	person - See i	nstructional	You are not limited to the space on the
(If you have nothing to report,			1	lines on this form. Attach additional sheets, if necessary.
NA				FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
		_		INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY  SI (If you have nothing to report, write "nor TYPE OF INTANGIBLE	ne" or "n/a")	osit, etc See instructions]			
Savings Account	Suncoast Sch	ools Federal	Credit Union		
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "nor	1 March 2012 Control of Control o	ADDRESS OF CR	EDITOR		
Freedom Mortgage	A BOX 504	198 India	naplisjih 46250		
PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none  NAME OF BUSINESS ENTITY  ADDRESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY			BUSINESS ENTITY # 2		
POSITION HELD WITH ENTITY					
FOWN MORE THAN A 5% INTEREST IN THE BUSINESS			2020		
NATURE OF MY OWNERSHIP INTEREST			AND D		
PART G — TRAINING For elected municipal officers required to complete ar  I CERTIFY THAT I  IF ANY OF PARTS A THROUGH G ARI	HAVE COMPLETED	THE REQUIRED			
SIGNATURE OF FILE Signature:  Muttble Babyh  Date Signed:  6/9/2020	If a coin good she mil. Form instructions	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.  CPA/Attorney Signature.			
FILING INSTRUCTIONS:	Date	Signed:			
THE TOTAL STRUCTIONS					

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email, Choose only one filling 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, 2019.