FORM 1			IENT OF	_	2019		
Please print or type your name, mailing address, agency name, and position belo	w.	FINANCIAL	INTERESTS	CELA	E FOR OFFICE USE ONLY:		
LAST NAME - FIRST NAME - MIC	DLE N	AME :	21 JUN	MATUT	IA: 37		
Marquis Jr. Edg	gar	Ovied	RDIAN	1 5 000	*		
MAILING ADDRESS: 13856 Crest Lake Drive			SUP RVISC NEV PORT	R OF EL	ECTIONS LORIDA		
10000 OFEST LAIRCE DITYC	<del></del>						
CITY:		ZIP: COUNTY:					
Hudson		ZIP: COUNTY: 669-1190 Pasco					
NAME OF AGENCY:							
NAME OF OFFICE OR POSITION		_					
Lakeside Community Devel		nt District SEAT	+4				
CHECK ONLY IF 🔽 CANDIDAT	E OF	NEW EMPLOYEE OF	RAPPOINTEE				
	****	THIS SECTION MUS	ET BE COMPLETE	) ****			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.							
					•		
MANNER OF CALCULATING REPORTABLE INTERESTS:  FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES							
FEWER CALCULATIONS, OR U							
(see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):							
COMPARATIVE	(PERC	CENTAGE) THRESHOLDS	OR M DOLL	AR VALU	JE THRESHOLDS		
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]  (If you have nothing to report, write "none" or "n/a")							
NAME OF SOURCE	NAME OF SOURCE		SOURCE'S		DESCRIPTION OF THE SOURCE'S		
OF INCOME			DRESS	PRINCIPAL BUSINESS ACTIVITY  Military Retirment			
US Army Retirement	Faira	8899 E. 56th Street, In		Service Connected Disability			
epartment Of Veterans Affairs STRO Systems, Inc.		P.O. Box 4444, Janesville, WI 53547 7979 Old Georgetown Rd., Bethesda Md.		Project Manager - Remote			
ASTRO Systems, Inc.		208/4		Manager - Kemote			
PART B - SECONDARY SOURCE	e oe in	COME	20017				
	s, and of	ther sources of income to busine	sses owned by the reporting po	erson - See	instructions]		
· · · · · · · · · · · · · · · · · · ·		ME OF MAJOR SOURCES ADDRESS			PRINCIPAL BUSINESS		
BUSINESS ENTITY		OF BUSINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE		
None							
PART C _ PEAL DECDEDTY !! on	huildie	nge owned by the reporting porce	nn - See instructions?	V	a mot limited to the annual seath		
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")  None					e not limited to the space on the n this form. Attach additional , if necessary.		
INOIIC				ı	S INSTRUCTIONS for when		
·				and w	here to file this form are d at the bottom of page 2.		
					UCTIONS on who must file		
					orm and how to fill it out on page 3.		

PART D — INTANGIBLE PERSONAL PROPERTY [St (If you have nothing to report, write "nor		s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITE TO (A) ICH VILE ID OPERTY RELATES					
None	,		0 4410-07			
	20 JUN 10 AM 10: 37					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non		SHPFRVISC	RICHEY, FLORIDA			
NAME OF CREDITOR	ADDRESS OF CREDITOR					
Navy Federal Bank - Home	P.O. Box 3000, Merrifield, VA 22119					
Navy Federal Bank - Auto	P.O. Box 3000, Merrifield, VA 22119					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  (If you have nothing to report, write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2						
NAME OF BUSINESS ENTITY	NT					
ADDRESS OF BUSINESS ENTITY	None					
PRINCIPAL BUSINESS ACTIVITY	None					
POSITION HELD WITH ENTITY	None					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<b></b>					
NATURE OF MY OWNERSHIP INTEREST	None					
PART G — TRAINING For elected municipal officers required to complete an	٠.					
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
Signature:  Signature:  Signature:  Of June 20		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:  Date Signed:				
EII ING INCEDUCTIONS.						

## ILING INSTRUCTIONS:

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

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 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.