

MARION COUNTY BOARD OF COUNTY COMMISSIONERS  
APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 3/6/24  
BOARD NAME: IDA ADVISORY BOARD

**PERSONAL INFORMATION**

Title: Mr.  Mrs.  Ms.  Miss   
Name: MATT FABIAN  
Address: 4349 SE 20TH ST  
City: OCALA State: FL ZIP: 34471  
Home Phone: 352-239-0683 Alternate Phone: \_\_\_\_\_  
E-mail Address: MATT.FABIAN@GMAIL.COM  
Occupation: DEVELOPER  
If Retired, previous occupation: \_\_\_\_\_

**PREFERRED MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE):**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under the Florida Statutes? Yes \_\_\_ No   
If yes, please cite the applicable Florida Statute: F.S. # \_\_\_\_\_

What is your preferred form of communication? Phone \_\_\_ Mail \_\_\_ Email

Are you a registered voter? Yes  No \_\_\_

Do you own homestead property in Marion County? Yes  No \_\_\_

Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_ No   
If yes, please provide position, department and/or relationship to County employee and their position/department  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes \_\_\_ No

A "YES" answer will not necessarily bar you from serving on an advisory board. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered. If you are not sure or do not remember what happened in a criminal case (s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. Failure to accurately report this information may result in removal from the board. If you answered "YES" please give details, an additional sheet of paper may be used.

**WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?**

(Include current or previous work experience; community involvement; interests/activities)

TO HELP MARION COUNTY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes  No

If yes, which board? AFFORDABLE HOUSING ADVISORY

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes  No

If yes, when, where and which board(s)? IDA BOARD, AHAC

**REFERENCES - Please list three (3) personal and/or business references**  
**(PLEASE DO NOT USE COMMISSIONERS AS REFERENCES)**

Name: HARVEY VANDEVEN  
Phone Number: 352-266-2834 Email: HARVEYVANDEVEN@GMAIL.COM

Name: DAVID TILLMAN  
Phone Number: 352-427-5724 Email: DTILLMAN@TILLMANENG.COM

Name: JIMMY GOODING  
Phone Number: 352-579-6580 Email: JGOODING@LAWYERSOCALA.COM

I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County. INITIAL MF

I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed. INITIAL MF

I agree to complete training within six (6) months from the date of my appointment. INITIAL MF

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: [Signature] MARION COUNTY BCC PRINT: MATT FABIAN

RECEIVED BY BCC: MAR 06 2024

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners. Should a vacancy occur on the board to which you have applied, you will be notified.

**RETURN FORM TO:**  
MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471  
Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.