

CANDIDATE OATH**NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

2024 JUN 13 PM 5:22

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

MARK PILLING

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of BROWARD SOIL AND WATER 4
CONSERVATION (Office) (District #)

(Circuit #)

(Group or Seat #)

; I am a qualified elector of BROWARD County, Florida

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐ NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Mark Pilling (954) 437-7271 MPATLANTIC@AOL.COM
Signature of Candidate Telephone Number Email Address
10350 QUITO ST (HOLLYWOOD) FL 33026
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF

Broward

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 3rd day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Florida Drivers License



2023 Form 1 - Statement of Financial Interests

General Information

Name: Mr MARK PILLING
Address: 10350 QUITO ST, HOLLYWOOD, FL 33026
County: Broward

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	BROWARD SOIL & WATER CONSERVATION DISTRICT	SUPERVISOR, GROUP 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
M.P. ATLANTIC FINANCIAL GROUP, INC	10350 QUITO STREET HOLLYWOOD FL 33026	INSURANCE/OTHER
QUALITY ICE CREAM	6951 WEST SUNRISE BLVD	ICE CREAM

2023 Form 1 - Statement of Financial Interests

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write "none" or "n/a")

Location/Description
9259 NEWNAN CIR PORT CHARLOTTE FL
9267 NEWNAN CIR PORT CHARLOTTE FL
10393 ST PAUL DR PORT CHARLOTTE FL
15786 STUART CIR PORT CHARLOTTE FL
15794 STUART CIR PORT CHARLOTTE FL
15802 STUART CIR PORT CHARLOTTE FL
14338 MONTMARTE AVE PORT CHARLOTTE FL
14346 MONTMARTE AVE PORT CHARLOTTE FL
10287 REDONDO ST PORT CHARLOTTE FL

2023 Form 1 - Statement of Financial Interests

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
OWNERSHIP	QUALITY ICE CREAM
OWNERSHIP	M.P. ATLANTIC FINANCIAL GROUP, INC.
ACCOUNTS	WELLS FARGO
ACCOUNTS	SPACE COAST CREDIT UNION
ACCOUNTS	BANK UNITED
ACCOUNTS	FIFTH THIRD BANK
ACCOUNTS	CITIZENS BANK
ACCOUNTS	TRUIST BANK
STOCK	AFLAC
STOCK	AT&T
STOCK	NESTLE
ACCOUNTS	BNY MELLON
MUTUAL FUND	TEMPLETON GLOBAL BOND FUND
STOCK	SLV

Liabilities

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1

N/A

Signature of Filer

MARK PILLING

Digitally signed: 06/12/2024

For Quality Purposes Only

STATE OF FLORIDA

COUNTY OF Broward

I, MARK PILLING, a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District.

- ☒ I am an eligible voter who resides in the district, and (select at least one of the following):
- ☒ I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02 Florida Statutes
- ☐ I am employed by an agricultural producer
- ☐ I own, lease, or am actively employed on land classified as agriculture under s.193.461 Florida Statutes

Mark Pilling
Signature of Candidate

Address Line 1: 10350 QUITO ST

Address Line 2:

City: HOLLYWOOD

State: FL Florida

Zip Code: 33026

Sworn to and subscribed before me this 13 day of June 2024

at Broward, Florida



2024 JUN 13 PM 5:22
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT

DATE June 13, 2024 No. 378430

RECEIVED FROM

Mark B. Felber

\$25.00

25 DOLLARS

Twenty five dollars

FOR RENT

Qualifying fee

DEPUTY OF SUPERVISOR OF ELECTIONS

FROM

TO

ACCOUNT	<u>1304</u>
PAYMENT	<u>\$25.00</u>
BAL. DUE	<u> </u>

☐ CASH
☐ CHECK
☐ MONEY ORDER
☐ CREDIT CARD

BY

[Signature]

BRUNSWICK COUNTY
SUPERVISOR OF ELECTIONS

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