

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: MIGUEL CASTILLO

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 CENTRAL BROWARD WATER CONTROL, 5
(Office) (District #)
I am a qualified elector of BROWARD County, Florida
(Circuit #) (Group or Seat #)

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 X

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

X Miguel Castillo (954) 954 849-1700 MIGUELCASTILLO2012@ATTNET
Signature of Candidate Telephone Number Email Address
6411 HARDING ST. HLWD. FL 33024
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF BROWARD

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

online notarization ☐ OR physical presence ☒

this 20th day of May, 2024

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FLDL

[Signature]
Signature of Notary Public

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



RICHARD LEE DENAPOLI
Commission # HH 519250
Expires May 18, 2028

2023 Form 1 - Statement of Financial Interests

General Information

Name: Mr Miguel Angel Castillo Jr
Address: 6411 Harding, Hollywood, FL 33024
County: Broward

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Central Broward Water Control District 5	Board Member

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
Social Security	Washington D. C.	Retirement benefits
Landmark Maintenance	1491 NW 150th Avenue, PP, FL, 33028	Arborist Qualifier
Miguel Castillo Arbor Services	6411 Harding Street, Hollywood, FL 33024	Consulting Arborist

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
N/A

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
N/A	

2023 Form 1 - Statement of Financial Interests

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

Miguel Angel Castillo Jr

Digitally signed: 06/11/2024

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DEPUTY COUNTY SUPERVISOR OF ELECTIONS

RECEIPT		DATE <u>June 13, 2024</u>	No. <u>378430</u>
RECEIVED FROM <u>Michael A Castelli</u>		\$ <u>25.00</u>	
<u>Twenty Five</u>		<u>00</u>	DOLLARS
FOR RENT <u>Qualifying Fee</u>			
DEPUTY OF SUPERVISOR OF ELECTIONS			
ACCOUNT	387	FROM	TO
PAYMENT	25.00	BY	<u>Adell</u>
BAL DUE			