

CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION

2022 JUN 14 PM 2:01

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MARK D. BOGEN,
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of County Commission, 2,
(Office) (District #) (Circuit #)
; my legal residence is 7650 NW 47th Dr. Broward
(Group or Seat #) Coral Springs, FL 33067
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 Party

(Section 99.021(1)(b), Florida Statutes)

I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 111952595

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

X Mark Bogen (954) 525-0751 Bogend2000@gmail.com
Signature of Candidate Telephone Number Email Address
7650 NW 47th Dr., Coral Springs FL 33067
Address 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 14th day of June, 2022.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

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



DAPHNE SEWELL
Commission # HH 247175
Expires March 30, 2026

FORM 6

FULL AND PUBLIC DISCLOSURE

2021

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

BOGEN MARK DAVID

MAILING ADDRESS:

7650 N.W. 47TH DR.

CITY:

Coral Springs

ZIP:

33067

COUNTY:

Broward

NAME OF AGENCY:

Broward County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Broward County Commissioner

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

2022 JUN 14 PM 2:01

BROWARD COUNTY
SUFFICIENT OF ELECTIONS

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 12/31, 2021 was \$ 10,056,794.30.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 235,000.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attached

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See Attached

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See Attached

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attached			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Atlantic Mutual Legal Defense Insurance Company, Inc.		
ADDRESS OF BUSINESS ENTITY	7351 Wiles Rd. Suite 203 Coral Springs, FL 33067		
PRINCIPAL BUSINESS ACTIVITY	Insurance		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	50% (Percent) ownership interest. 50% held by Kathleen Bogen		

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 14th day of

June, 20 22 by Mark Bogen

DAHPNE SEWELL

(Signature of Notary Public--State of Florida)

Commission # RH 247115

Expires March 30, 2026

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Mark Bogen
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

2022 JUN 14 PM 3:22
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

RECEIPT		DATE <u>6/14/22</u>	No. <u>279193</u>
RECEIVED FROM <u>Mark Bogan</u>		\$ <u>6370.56</u>	
<u>Six thousand three hundred seventy 56/100</u>		DOLLARS	
<input type="radio"/> FOR RENT <u>Ce. Cam 2</u>		<u>pay Cam 2 qualifying</u>	
<input type="radio"/> FOR			
ACCOUNT	<u>6370.56</u>	<input checked="" type="radio"/> CASH	FROM <u> </u> TO <u> </u>
PAYMENT		<input checked="" type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
		BY <u>[Signature]</u>	3-11