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:	2024 JUN 14 AM11:18
Write-in candidate	OFFICE USE ONLY
Cand	idate Oath
Mark Ala	that
Name to appear on ballot:	yphen. (Name cannot be changed after qualifying.)
Check box if name includes nickname. (For use of a n	ckname, you must complete the Nickname Affidavit on reverse side.)
I swear or affirm that I am a candidate for the nonpartisar office	Avalon Beach Malat Fire Artection District
I swear or amm that I am a candidate for the nonpartisat office	
(Circuit #) (Group or Seat #)	tor of <u>Sank Korg</u> County, Florida:
have qualified for no other public office in the state, the term of w	Forida to hold the office to which I desire to be nominated or elected; I hich office or any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will support the
have qualified for no other public office in the state, the term of whether have resigned from any office from which I am required to reside the Constitution of the United States and the Constitution of the States Statement of Outstand . I owe outstanding fines, fees, or penalties, that cumulatively exceeded and the constitution of the states and the constitution	hich office or any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will support the of Florida. ing Fines, Fees, or Penalties red \$250, for ethics or campaign finance violations (<i>s. 99.021(1)(d), F.S.).</i> <i>NO, I Do Not</i>
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have qualified for no other public office in the state, the term of whether have resigned from any office from which I am required to reside to constitution of the United States and the Constitution of the States Statement of Outstand I owe outstanding fines, fees, or penalties, that cumulatively excess YES, I Do If you do, you must also specify the amount owed and each excess Signature of Candidate 2300 Mills Bayon Dr.	hich office or any part thereof runs concurrent with the office I seek; and I ign pursuant to Section 99.012, Florida Statutes; and I will support the of Florida. ing Fines, Fees, or Penalties red \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.). NO, I Do Not \swarrow ontity that levied the same on the reverse side. 26-972.7 $talbottalemedicaombanet Email Address FL 32.58.3$
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Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount		Entity	
Ø			
march the second		24	
		1	
			4
Affidavit of	Nickname (Only require	red if using nickname for	the ballot.)
My legal name is affidavit are true and correct. My nickname is of my legal name. I have not created the a political slogan or otherwise associate	e nickname to mislead voters	I am generally known by . My nickname does not impl	ighteen (18) and the contents of this this nickname or have used it as part y I am some other person, constitute
Signature of Candidate:			4
STATE OF FLORIDA			
COUNTY OF			
Sworn to (or affirmed) and subscribed be		Signature of Notary Print, Type, or Stamp Com	Public missioned Name of Notary Public below:
of online notarization OR physical or the other of the other of the other of the other oth	sical presence 🗌		C W MECH
this day of	20		
Personally Known OR Produce	ed Identification	×	
Type of Identification Produced:	KNA MA F		Charles and the
	1993 St. 2		N.
DS-DE 302NP (Eff. 10/2023)	all and a second		Rule 1S-2.0001, F.A.C.

Ashley Lukis *Chair* Michelle Anchors *Vice Chair* William P. Cervone Tina Descovich Freddie Figgers Luis M. Fusté Wengay M. Newton, Sr. Jim Waldman



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

Kerrie J. Stillman **Executive Director**

Steven J. Zuilkowski Deputy Executive Director/ General Counsel

> (850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

2024 JUN 14 AM11:19

VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Mr Mark A Talbott Filer PID #: 276510

Date Filed: 6/11/2024 Disclosure Received: 2023 Statement of Financial Interests Filing ID: 966827

Receipt Print Date: 6/11/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/11/2024

General Information			
Name:	Mr Mark A Talbott		
Address:	3300 Mills Bayou Dr, Mil	ton, FL 32583	PID 276510
County:	Santa Rosa		
AGENCY IN	FORMATION		
Organization		Suborganization	Title

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
Navy Federal Credit Union	5505 Heritage Oaks Dr, Pensacola, FL 32526	Employment Income

2023 Form 1 - Statement of Financial Interests

Filed with COE: 06/11/2024

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

Filed with COE: 06/11/2024

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

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

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Filed with COE: 06/11/2024

Signature of Filer

Mark A Talbott

Digitally signed: 06/11/2024

Filed with COE: 06/11/2024