Sarasota County

ADVISORY COUNCIL APPLICATION

APPLICANT INFORMATION

Advisory Council: Parks Advisory and Recreation Council

Membership Category (if applicable): City of North Port Representative

Applicant Name: MARAT

Home Address: 4330 Mocha Avenue

North Port

Home Phone: 7275507105

Email: maratllc@gmail.com

Are you currently a Sarasota County resident? ☐ Yes ☐ No **If yes, for how long?** 5

Are you registered to vote in Sarasota County? ☑ Yes ☐ No

Occupation: Realtor, Contractor

Business Name: Marat LLC

Business Address: 4330 Mocha ave

Business Phone: 17275507105

Business Email:

How did you hear about this vacancy?

online

Why do you want to serve on this advisory council?

Bacause i live in North Port

Sarasota County

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Thank you for your interest in serving on an advisory council for Sarasota County Government. Citizen participation is vital to a democratic, customer-oriented government. You are encouraged to attend a meeting to learn more about the duties of an advisory council member or the work of the council in which you are interested. All advisory council meetings are open to the public.

For questions regarding a specific advisory council, including the duties and scope of the position for which you're applying, please contact the County staff representative listed on that council's webpage. For problems submitting an application, please email advisory@scgov.net or call 941-861-5344.

Important Information:

1. Certain advisory councils have specific membership requirements, including financial disclosure.
2. Upon submittal to the County, this Application Form becomes public record and is open to public inspection under Chapter 119, Florida Statutes.
3. Resumes and other supplemental information may be included, but the Advisory Council Application must be completed and signed in order to be considered. Use additional pages if necessary. The applicant is responsible for keeping the information on the application current.
4. The Sarasota County Commission has set a minimum attendance requirement of 65 percent of the meetings. Failure to meet this requirement may be grounds for removal.
5. If you are appointed to serve, the County will provide an email account which must be used for all online correspondence regarding the business of the advisory council you represent; personal email accounts may not be used. Please review Resolution 2009-025 on our website and acknowledge your acceptance of this policy at the bottom of this application.
6. If you wish to apply for membership on multiple advisory councils, you will need to complete a separate application for each.

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Please list all boards on which you currently serve, including Sarasota County advisory councils.

City of North Port Planing and Zoning Advisory board

Your background, including education and work experience, and relevance to this advisory council.

-University Diploma "Civil And Industrial Construction"
- State Licensed General Contractor
- State licensed Realtor

Professional credentials, licenses or certificates relevant to this advisory council.

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

Memberships in civic or community organizations.

None

Do you (or your spouse or minor child) or the company for which you work have a business relationship with the County? If yes, please explain.

No

Are there specific days of the week or months of the year you will be unavailable due to job or travel? If yes, please explain.

2 days in Month i am attend at City of North port Planing And Zonoing Advisory board meetings 9am

The Sarasota County Commission strives to promote diversity and provide reasonable accommodations for individuals with disabilities. If you are requesting accommodation, please indicate:

none

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ACKNOWLEDGEMENTS

☑ By checking here, I hereby acknowledge that I have read and understood Resolution No. 2009-025. In accordance with this County policy and as a condition of my advisory council membership, I will be assigned a County email address, and all email correspondence related to the business of the advisory council to which I am appointed must be conducted on the County-issued account.

☑ By checking here, I hereby confirm that the information provided in this application is true and complete. I understand the responsibilities associated with being a member of a Sarasota County Advisory Council and I agree to commit the necessary time to fulfill these responsibilities. I understand that I am offering my service without compensation. I agree to abide by all Sarasota County Commission rules, regulations and policies either published or in effect by usage, and all rules, regulations and laws of the State of Florida.

7/7/2026 _____

Date

Your application may also be delivered by email, fax or mail to the appropriate County staff representative.

If you are unsure where to send your application, email to advisory@scgov.net or mail to:

Sarasota County Government
Attention: Commission Services
1660 Ringling Blvd., 2nd floor
Sarasota, FL 34236

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

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

"A Public Office is a Public Trust"

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

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

Filer Name: Marat Bagaev
Filer PID #: 311956

Date Filed: 6/6/2026
Disclosure Received: 2025 Statement of Financial Interests
Filing ID: 1084207

Receipt Print Date: 7/7/2026

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.