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General Information

DIVISION OF ELECTIONS

TALLAHASSEE, FL

Name: Mr Mark Leland Baker

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

Florida House of Representatives

District 23

Net Worth

My Net Worth as of December 31, 2025 was \$ 422,776.00.

2025 Form 6 - Full and Public Disclosure of Financial Interests

Assets

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.

The aggregate value of my household goods and personal effect is \$ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
7183 W Grover Cleveland Blvd	\$ 900,000.00
11053 W Harbor Watch Loop	\$ 232,000.00
10429 S walden Woods	\$ 141,000.00
Bank of America Accounts	\$ 6,371.56
Truist	\$ 1,900.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
John Fowler (Mortgage)	PO Box 89 Homosassa Fl	\$ 616,000.48
Rocket Mortgage	1050 Woodward Ave Detroit MI	\$ 134,770.63
Intuit	2700 Coast Avenue Mountain View CA	\$ 7,724.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2025 Form 6 - Full and Public Disclosure of Financial Interests

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 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Social Security	6401 Security Blvd, Baltimore MD	\$35,240.09
Leland Companies	7183 W Grover Cleveland Homosassa FL	\$9,523.32

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
Leland Companies LLC	Good Signs Fast	7183 W Grover Cleveland Homosassa, FL	Printing

Interests in Specified Businesses

Business Entity # 1
N/A

2025 Form 6 - Full and Public Disclosure of Financial Interests

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Mark Leland Baker

Digitally signed: 06/07/2026

For Qualifying
Purposes Only

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

COPY
RECEIVED
DEPARTMENT OF STATE

2026 MAY 28 AM 11:25

DIVISION OF ELECTIONS
TALLAHASSEE, FL

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form ☐ Re-filing to Change ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (In this order: First, Middle, Last):
(Please Print or Type Name)

Mark Leland Baker

3. Address (Include PO Box or Street, City, State, Zip Code):

11053 West Harbor watch Loop 34428
CRYSTAL RIVER, FL 34428

4. Telephone:

() 471-5726

5. Candidate's Voter Registration #:

102779542

(not required for qualifying purposes)

6. Email Address:

marklbaker@mail.com

7. Office Sought (include district, circuit, group, or seat #):

Florida State Rep District #23

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate ☐ No Party Affiliation Candidate ☒ Democrat Party candidate:

10. I have appointed the following person to act as my:

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Mark Leland Baker

12. Telephone:

() 471-5726

13. Email Address:

marklbaker@mail.com

14. Mailing Address:

11053 West Harbor watch Loop

15. City:

CRYSTAL RIVER

16. State:

FL

17. Zip Code:

34428

18. I have designated the following bank as my (check appropriate box): ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Truist

20. Address:

4650 S Suncoast Blvd

21. City:

Homosassa

22. County:

Citrus

23. State:

FL

24. Zip Code:

34446

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

5/27/26

26. Signature of Candidate:

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box):

I, MARK BAKER
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer

☐ Deputy Treasurer

28. Date:

5/27/26

29. Signature of Campaign Treasurer or Deputy Treasurer:

X 

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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COPY

DIVISION OF ELECTIONS
TALLAHASSEE, FL

OFFICE USE ONLY

I, Mark Leland Baker

candidate for the office of Florida State Rep. District #23

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.



Signature of Candidate

5/27/26
Date

STATE OF FLORIDA

COUNTY OF Citrus

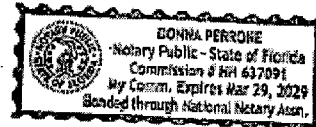


Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

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

online notarization ☐ OR physical presence ☒

this 27 day of May, 2026



Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).