## **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:

| 1                |    |
|------------------|----|
| Write-in candida | te |

TOWN OF JUNO BEACH RECEIVED NOV 1 8 2025

NOV 1 8 2025

TIME: 8:05 an CLR

| Write-in candidate   |  | 111VIC. D.O                                  | Sam                               |  |  |
|--|--|--|-----------------------------------|--|--|
|  |  |  | OFFICE USE ONLY                   |  |  |
| Candidate Oath   |  |  |                                   |  |  |
|  |  |  |                                   |  |  |
| Name to appear on ballot: Elaine K. Cotronakis   |  |  |                                   |  |  |
| Check bo   | 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 Juno Beach Mayor,,   |  |  |                                   |  |  |
|  |  | (Office)                                     | (District #)                      |  |  |
| (Circuit #) , Mayor (Group or Seat #)  | ; I am a qualified elect   | <sub>or of</sub> Juno Beach, Palm Beach      | County, Florida;                  |  |  |
| (Group or Seat #)  |  |  |                                   |  |  |
| I am a qualified elector under the Co  | nstitution and the Laws of   | Florida to hold the office to which I desire | to be nominated or elected: I     |  |  |
|  |  | ich office or any part thereof runs concurre |                                   |  |  |
|  |  | gn pursuant to Section 99.012, Florida S     | 39                                |  |  |
| Constitution of the United States and th   | e Constitution of the State  | of Florida.                                  |                                   |  |  |
|  |  |  |                                   |  |  |
| State  | ment of Outstandi  | ng Fines, Fees, or Penalties                 |                                   |  |  |
| I owe outstanding fines, fees, or penalti  | es, that cumulatively excee  | ed \$250, for ethics or campaign finance vio | olations (s. 99.021(1)(d), F.S.). |  |  |
| YES, I Do NO, I Do Not X   |  |  |                                   |  |  |
| If you do, you must also specify the a   | mount owed and each e  | ntity that levied the same on the reverse    | e side.                           |  |  |
| 1 1  |  |  |                                   |  |  |
| X Chin Foton   | (561)529-0   | 304 ElaineF                                  | orJuno@gmail.com                  |  |  |
| Signature of Candidate   | Telephone Numbe  | er En  | nail Address                      |  |  |
| 450 Old Town Lane Address of Legal Residence   | Juno Beach   | Florida                                      | 33408                             |  |  |
| er production por transfer and production of the state of the control of the state  | City   | State  | ZIP Code                          |  |  |
| STATE OF FLORIDA   |  | au 5   |                                   |  |  |
| COUNTY OF falm Beach   |  | Signature of Notary Public                   | Name of Natary Dublic heleus      |  |  |
| Sworn to (or affirmed) and subscribed b  | efore me by means of   | Print, Type, or Stamp Commissioned           | Name of Notary Public below:      |  |  |
| The state of the s | nysical presence 🔀   | TARY PUBLIC NOTALINA                         |                                   |  |  |
| this 13th day of Novembo   | , 20 <u>25</u> .   | NAV COMMISSION                               |                                   |  |  |
| Personally Known OR Produc   | ced Identification 🔀   | MY COMMISSION EXPIRES 4-5-2029               |                                   |  |  |
| Type of Identification Produced:   | -8   | B SAM COURS                                  |                                   |  |  |
| DS-DE 302NP (Eff. 10/2023)   |  | OF FLORING ON NUMBER HARMING                 | Rule 1S-2.0001, F.A.C.            |  |  |
|  |  | 711  |                                   |  |  |

|   | Phonetic Spell              | ing 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):  e-LAIN kai ko-tro-NAH-kis  |                             |  |  |  |  |  |
| 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   |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
| Affidavit of I  | <b>Vickname</b> (Only requi | red if using nickname for the ballot.)   |  |  |  |  |
| My legal name isaffidavit are true and correct.   |                             | I am over the age of eighteen (18) and the contents of this                                |  |  |  |  |
|   |                             |  |  |  |  |  |
| My nickname is  |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
| Signature of Candidate:   |                             |  |  |  |  |  |
| STATE OF FLORIDA  |                             |  |  |  |  |  |
| COUNTY OF   |                             |  |  |  |  |  |
|   |                             | Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: |  |  |  |  |
| Sworn to (or affirmed) and subscribed be  | fore me by means            | , ,,   |  |  |  |  |
| of online notarization \( \begin{align*}     OR physical | sical presence              |  |  |  |  |  |
| this day of   | , 20                        |  |  |  |  |  |
| Personally Known OR Produce   | ed Identification           |  |  |  |  |  |
| Type of Identification Produced:  |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
| DS-DE 302NP (Eff. 10/2023)  |                             | Rule 1S-2.0001, F.A.C.   |  |  |  |  |