## **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:

TOWN OF JUNO BEACH RECEIVED

NOV 1 7 2025

Write-in candidate	OFFICE USE ONLY			
Candidate Oath				
Name to appear on ballot:	phen. (Name cannot be changed after qualifying.) ckname, you must complete the Nickname Affidavit on reverse side.)			
I swear or affirm that I am a candidate for the nonpartisan office of the nonpartisan of the nonpartisan office of the nonpartisan office of the nonpartisan office of the nonpartisan office of the nonpartisan of th	of Mayor ,,,,,,,,			
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 Outstanding Fines, Fees, or Penalties				
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).  YES, I Do NO, I Do Not				
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.				
X MSMILL (561) 75 Signature of Candidate Telephone Numb  454 Ocean Ridge Way Scach  Address of Legal Residence City	State  St			
STATE OF FLORIDA	SEOQ			
COUNTY OF Palm Beach	Signature of Notary Public Print, Type, or Stamp Oummissioned Name of Notary Public below:			
Sworn to (or affirmed) and subscribed before me by means of				
online notarization OR physical presence this 17th day of November, 2025.	Control of the second of the s			
Personally Known OR Produced Identification	MY COMMISSION EXPIRES 4-5-2029			
Type of Identification Produced:	B STATE OF TO PRIOR BY			
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.			

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):    D - AY - VE SANTILLY					
Statement of Outstanding Fines, Fees or Penalties					
Pursuant to Section 99.021(1)(d), F.S., candidate, shall, at the time of subscribin or penalties that cumulatively exceed \$25 and Employees under part III of chapter chapter 106.	ng to the oath or affirmation, s 50 for any violations of s. 8, A	tate in writing whether he or she c rt. II of the State Constitution, the 0	Code of Ethics for Public Officers		
Amount		Entity	THE RESERVE TO SERVE A STREET		
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Affidavit of	Nickname (Only requi	red if using nickname for the	e ballot.)		
Dail.		Lom over the age of eight	een (18) and the contents of this		
My legal name is		Pain over the age of eight	een (10) and the contents of the		
My nickname is Dave		Lam ganarally known by this	nickname or have used it as part		
My nickname is I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute					
a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.					
1	c 110				
Signature of Candidate:	esahll	*			
STATE OF FLORIDA		,			
COUNTY OF Palm Beach		25			
COUNTY OF TALLY		Signature of Notary Pu	blic		
Sworn to (or affirmed) and subscribed be	efore me by means	Print, Type, or Stamp Commiss	sioned Name of Notary Public below:		
of online notarization \( \subseteq \) OR physical presence		""" TLII"	The state of the s		
this 17th day of Novemb	( )	TO MILLOSTIC			
Personally Known OR Produced Identification		MY COMMISSION			
SISPERIMENT VAL		MY COMMISSION EXPIRES 4-5-2029	00		
Type of Identification Produced:	**************************************	ATE OF FLORIDA	8		
	ATO THE WAY	MINISTON NUMBER HY	Puls 10 0 0001 F # 0		
DS-DE 302NP (Eff. 10/2023)	······································		Rule 1S-2.0001, F.A.C.		