

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:

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: _____

Bert Premuroso

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 _____

City of Palm Beach Gardens City Council

(Office)

(District #)

_____; I am a qualified elector of _____ County, Florida

Palm Beach

County, Florida

(Circuit #)

(Group or Seat #)

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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

XC

()

sp1em80 bellsoth.net

Signature of Candidate

Telephone Number

Email Address

P-B Gardens

FL

33410

Address of Legal Residence

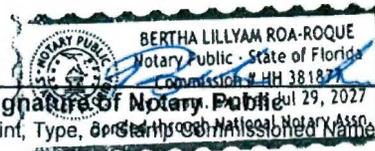
City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF *Palm Beach*



Signature of Notary Public

Print, Type, or Stamp the Full Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this *17* day of *November*, 20*25*

Personally Known OR Produced Identification

Type of Identification Produced: _____

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):

BERT Pr - muf - row - so

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.

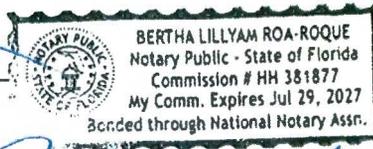
Amount	Entity

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Robert D'Amico. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Bert D'Amico. 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.

Signature of Candidate: _____



STATE OF FLORIDA
COUNTY OF Palm Beach

Bertha Lillyam Roa-Roque
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means
of online notarization OR physical presence

this 17 day of November, 2025

Personally Known OR Produced Identification

Type of Identification Produced: _____

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:

Write-in candidate

2025 SEP 17 AM 10:02
REC'D

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Heather Deitchman

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 City Council Group 3 (Office) (District #)
3 (Circuit #) (Group or Seat #); I am a qualified elector of Palm Beach County County, Florida

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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X AD-Lamy (561) 351-1072 heather-deitchman@gmail.com
Signature of Candidate Telephone Number Email Address
3111 garden east drive #9 Palm Beach Gardens, FL 33410
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Palm Beach

Beth Lillyam Roa-Roque
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 17 day of September, 2025

Personally Known OR Produced Identification

Type of Identification Produced: Driver License
L-100-324-81-583-0



Phonetic Spelling of Name

REGD

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):

HEH-ther DYTCH-men

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.

Table with 2 columns: Amount, Entity. Multiple empty rows for data entry.

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Heather Deitchman-Levy. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Heather Deitchman. 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.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA

COUNTY OF Palm Beach



[Handwritten Signature] Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

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

of online notarization [] OR physical presence [x]

this 17 day of September, 2025.

Personally Known [] OR Produced Identification [x]

Type of Identification Produced: Driver License L-100-324-81-5830.

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:

2025 NOV 26 AM 9:58
REC'D

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: David J. Levy

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 City of Palm Beach Gardens (Office) (District #)
3 (Circuit #) (Group or Seat #); I am a qualified elector of Palm Beach County County, Florida

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 X

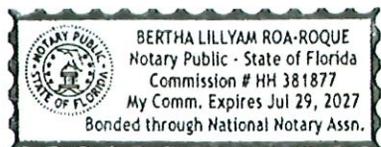
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X David J. Levy (SG1) 236-7062 Levyd@Hotmail.com
Signature of Candidate Telephone Number Email Address
4788 Holly Drive Palm Beach Gardens FL 33418
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Palm Beach

Bertha Lillyam Roa-Roque
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 26 day of November, 2025
Personally Known OR Produced Identification



Type of Identification Produced: Florida Driver License
L-383-040-18-000-0

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):

David Lee-vie

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 Nickname (Only required if using nickname for the ballot.)

My legal name is _____ . I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

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.

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 before me by means of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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:

Write-in candidate

2025 SEP 22 AM 10:51
REC'D

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: RACHELLE LITT

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 PALM BEACH GARDENS CITY COUNCIL
(Office) (District #)

3; I am a qualified elector of PALM BEACH COUNTY County, Florida
(Circuit #) (Group or Seat #)

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 Rachelle G. Litt (561) 635-9159 RLITTPBG26@gmail.com
Signature of Candidate Telephone Number Email Address

62 DUNBAR ROAD PALM BEACH GARDENS FL 33418
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF PALM BEACH

Beth Lillyam Roa-Roque
Signature of Notary Public

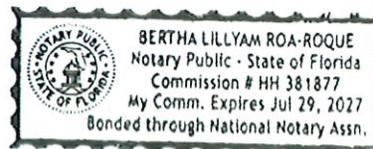
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 22 day of September, 2025

Personally Known OR Produced Identification

Type of Identification Produced: _____



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):

RUH - SHELL - LIT

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 Nickname (Only required if using nickname for the ballot.)

My legal name is _____, I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

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.

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 before me by means of online notarization OR physical presence

this _____ day of _____, 20____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

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:

Write-in candidate

2025 NOV 18 PM 3:29
OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: DANA Middleton

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 City of Palm Beach Gardens City Council (Office) (District #)
5 (Circuit #) (Group or Seat #); I am a qualified elector of Palm Beach County County, Florida

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

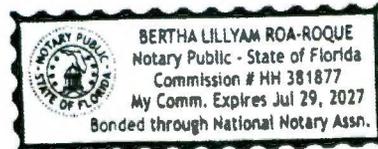
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Dana P. Middleton () Telephone Number _____ Email Address danamiddleton@cincast.net
Address of Legal Residence _____ City Palm Beach Gardens State FL ZIP Code 33412

STATE OF FLORIDA
COUNTY OF Palm Beach

Bertha Lillyam Roa-Roque
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 18 day of November, 2025
Personally Known OR Produced Identification
Type of Identification Produced: _____



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:

Write-in candidate

2025 NOV 26 PM12:10
REC'D

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: DAMIEN MURRAY

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 PALM BEACH GARDENS CITY COUNCIL (Office) (District #)

5; I am a qualified elector of PALM BEACH County, Florida (Circuit #) (Group or Seat #)

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 X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (861) 293 5430 DAMOSB458@GMAIL.COM
10171 SIENA OAKS CIRCLE EAST PALM BEACH GARDENS FLORIDA 33410
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF PALM BEACH

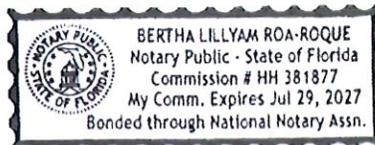
[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence

this 26 day of November, 2025

Personally Known OR Produced Identification

Type of Identification Produced: Florida Driver License



DS-DE 302NP (Eff. 10/2023) M-600-484-69-451-0

Rule 1S-2.0001, F.A.C.

Phonetic Spelling of Name

2025 NOV 26 PM 12:10

REC'D

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):

DAY-ME-EN MUR-EE

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.

Table with 2 columns: Amount, Entity. Multiple empty rows for data entry.

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is JOSEPH DAMIEN MURRAY. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is DAMIEN. 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.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Palm Beach

[Handwritten Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization [] OR physical presence [X]

this 26 day of November, 2025.

Personally Known [] OR Produced Identification []

Type of Identification Produced: Florida Driver License
M-600-484-69-451-0.

