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	22222	
- 1	Write-in	candidate

SUPERVIOUS OF ELECTIONS

A Towner.

2024 JUN 10 PM 12: 17

PALTI TEACH COUNTY, FL OFFICE USE ONLY

Address of Legal Residence City State State ZIP Code Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:		OFFICE OSE (JIVL
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 Commissioner, Greater Boca Raton Beach & Park District (Office) (District #) [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	Candida	ate Oath	
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 Commissioner, Greater Boca Raton Beach & Park District (Office) (District #) [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	Name to appear on ballot: Steven M. Engel		
I swear or affirm that I am a candidate for the nonpartisan office of Commissioner, Greater Boca Raton Beach & Park District (Office) (District #) 5		en. (Name cannot be changed after qualifying.)	
Jam 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	Check box if name includes nickname. (For use of a nickname)	ame, you must complete the Nickname Affidavit on reverse side.)	
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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. (954)242-7678 steveinfla@gmsil.com Signature of Candidate Telephone Number Email Address 3484 Pumpkin Seed Circle Apt 103 Boca Raton FL 33433 Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Pript, Type, or Stamp Commissioned Name of Notary Public below:	I swear or affirm that I am a candidate for the nonpartisan office of _	Commissioner, Greater Boca Raton Beach & Park District (Office) (District	t #)
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. (954)242-7678 steveinfla@gmsil.com Signature of Candidate Telephone Number Email Address 3484 Pumpkin Seed Circle Apt 103 Boca Raton FL 33433 Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Pript, Type, or Stamp Commissioned Name of Notary Public below:	5	•	lorida
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. (954)242-7678 steveinfla@gmsil.com Telephone Number Email Address State Of FLORIDS COUNTY OF Stamp Commissioned Name of Notary Public Delow: Signature of Notary Public Delow: Signature of Notary Public Delow:	(Circuit #) (Group or Seat #)	Odnity, 11	ionda
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. (954)242-7678	have qualified for no other public office in the state, the term of which have resigned from any office from which I am required to resign I	office or any part thereof runs concurrent with the office I seek; a pursuant to Section 99.012, Florida Statutes; and I will support	and I
(954)242-7678 steveinfla@gmsil.com Signature of Candidate Telephone Number Email Address 6484 Pumpkin Seed Circle Apt 103 Boca Raton Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	I owe outstanding fines, fees, or penalties, that cumulatively exceed	\$250, for ethics or campaign finance violations (s. 99.021(1)(d), F	₹.S.).
X Aborn (954)242-7678 steveinfla@gmsil.com Signature of Candidate Telephone Number Email Address 6484 Pumpkin Seed Circle Apt 103 Boca Raton FL 33433 Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:			
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Address of Legal Residence City State State ZIP Code Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	A STOCKE OF THE PROPERTY OF TH	78 steveinfla@gmsil.com	
Address of Legal Residence City State ZIP Code STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:	/)		
STATE OF FLORIDA COUNTY OF Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:			
Print, Type, or Stamp Commissioned Name of Notary Public below:	STATE OF FLORIDA	Janen Mills	
	COOKIT OF JOSEPH PAULE	Print, Type, or Stamp Commissioned Name of Notary Public belo	ow:
	Sworn to (or affirmed) and subscribed before me by means of		
online notarization OR physical presence	online notarization OR physical presence		
Commission # HH 096146		Commission # HH 096146	
Bonded Thru Tray Fain Insurance 800-385-7019	Type of Identification Produced:	Bonded Thru Troy Fain Insurance 800-385-7019	

SUPEFILEd with COE: 05/16/2024

General Information

2024 JUN 10 PM 12: 17

PALL DENSIT COUNTY, FL

Name:

Mr Steven M Engel

Address:

6484 PUMPKIN SEED CIR, BOCA RATON, FL 33433

PID 251018

County:

Palm Beach

AGENCY INFORMATION

Organization

Suborganization

Title

Greater Boca Raton Beach & Park District

Board of Supervisors

CANDIDATE FOR

Position

Agency Name

Position sought or held

Special District

Greater Boca Raton Beach & Park District

Seat 5

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Social Security Administration	PO Box 67620, Wilkes-Barre, PA 18767	Social Security Disbursement
Save Bucks, Inc.	1650 S. Powerline Rd., Deerfield Beach, FL 33442	Home Improvement

SUPER Filed with COE: 05/16/2024

Secondary Sources of Income

2024 JUN 10 PM 12: 17

PALTA I LACH COUNTY FL

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
401k Empower Trust Co., LLC		

Filed with COE: 05/16/2024

Liabilities

2024 JUN 10 PM 12: 17

MALH JEAGH COUNTY, FL

LIABILITIES (Major debts valued over \$10,000):

(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor	
PENNYMAC Loan Services	PENNYMAC Loan Services,PO Box 660929,	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")

Business Entity # 1

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Filed with COE: 05/16/2024

Signature of Filer 2024 JUN 10 PM 12: 18

PALN KLASH COUNTY, FL

Steven M Engel

Digitally signed: **05/16/2024**

Filed with COE: 05/16/2024

2023 Form 1X - Amendment to Statement of Financial Interests

SUP Filed with COE: 05/17/2024

General Information

2024 JUN 10 PM 12: 18

TALLE - MUST COUNTY ! L

Name:

Mr Steven M Engel

Address:

6484 PUMPKIN SEED CIR, BOCA RATON, FL 33433

PID 251018

County:

Palm Beach

AGENCY INFORMATION

Organization

Suborganization

Title

Greater Boca Raton Beach & Park District

Board of Supervisors

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
This section not amended by filer.		

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
This section not amended by filer.			

2023 Form 1X - Amendment to Statement of Financial Interests

SUPERIED with COE: 05/17/2024

Real Property	2024 JUN 10 PM 12: 18
REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")	FALL SELAGH COUNTY, FL
Location/Description	
This section not amended by filer.	

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
Checking a count	JP Morgan Chase Bank	

Liabilities

LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")

Business Entity # 1

N/A

SUPERVIE Filed with COE: 05/17/2024

2024 JUN 10 PM 12: 18

Training	PALM SEACH COUNTY, FL
This section applies only to an appointed school superinter created under Part III, Chapter 163, each of whom are requE.S.	ndent, or a commissioner of a community redevelopment agency uired to complete annual ethics training pursuant to Section 112.3142,
☐ I certify that I have completed the required training un	der Section 112.3142, F.S.
Required training under Section 112.3142, F.S., not app	plicable to filer for this form year.
Amendment Reason	
Explanation of changes why are you amending your previous of changes why are you amending your previous filing	ıs form 1 submission?
Signature of Filer	
Steven M Engel	
Digitally signed: 05/17/2024	
Filed with COE: 05/17/2024	