CANDIDATE OATH	
NONPARTISAN OFFICE	RECEIVED
(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	
	JUN 1 0 2024
Write-in candidate	BY CITY CLERK
OFFICE USE ONLY	
Candidate Oath	
Name to appear on ballot:_Lou Pate	
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 ofNew Smyrna Beach Mayor	
	(Office) (District #)
,; I am a qualified elector of Volusia County, Florida; (Circuit #) (Group or Seat #)	
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 A Pato (56) 571-1535 Jourate gradition Signature of Candidate Telephone Number Email Address Hod Saxon Drive New Smyring Beach Florida 32169 Address of Legal Residence City State ZIP Code	
STATE OF FLORIDA	
COUNTY OF Volusia	Signature of Notary Public
Sworn to (or affirmed) and subscribed before me by means of	
online notarization \bigcirc OR physical presence \checkmark this $10^{-1}h$ day of $_$ $_$ $_$ $_$ 20^{-24} . Personally Known \checkmark OR Produced Identification \square	Notary Public State of Florida Kelly McQuillen My Commission HH 506322
Type of Identification Produced:	Expires 4/12/2028
DS-DE 302NP (Eff. 10/2023)	Rule 1S-2.0001, F.A.G.