

**CANDIDATE OATH
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

2024 APR 26 AM 10: 28

BROWARD COUNTY
SUPERVISOR OF ELECTIONS OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Scott R. Shapiro

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 judicial office of

County Court Judge
(Office)

(District #)

17th 6
(Circuit #) (Group or Seat #)

; my legal residence is Broward

County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and 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. 105.031(4) 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] (954) 675-7189 srshapiro@hotmail.com
Signature of Candidate Telephone Number Email Address
6372 Pinehurst Cr. E, Tamarac, FL 35321
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Broward

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

online notarization OR physical presence

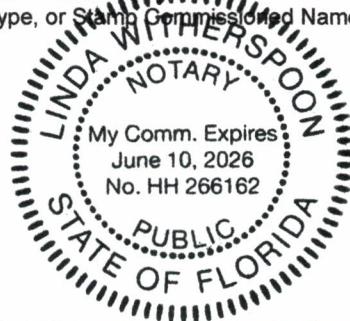
this 25th day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FLA Driver License

[Signature]
Signature of Notary Public

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



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):

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 |
|--------|--------|
| n/a | |
| | |
| | |
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Affidavit of Nickname (Only required if using nickname for the ballot.)

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

My nickname is n/a. 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 BROWARD

[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

this 26th day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: Driver License



General Information

Name: Mr Scott Russell Shapiro
Address: 6372 PINEHURST CIR E, TAMARAC, FL 33321
County: Broward

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| N/A | | |

CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|--------------|-----------------------|----------------------------|
| County Judge | 17th Judicial Circuit | County Court Judge Group#6 |

Net Worth

My Net Worth as of March 31, 2024 was \$ 425,000.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| Home | \$ 300,000.00 |

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|----------------------|---------------------|
| Navient | Wilmington, Delaware | \$ 75,000.00 |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| Name of Creditor | Address of Creditor | Amount of Liability |
|------------------|---------------------|---------------------|
| N/A | | |

2023 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income | Amount |
|--|---------------------------------|---------------|
| Straley and Otto, P.A. | 2699 Stirling Road, Suite C-207 | \$ 115,000.00 |

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

Interests in Specified Businesses

| |
|----------------------------|
| Business Entity # 1 |
| N/A |

Signature of Reporting Official or Candidate

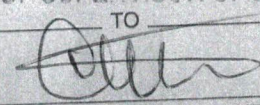
Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Scott Russell Shapiro


Digitally signed: 04/14/2024

2024 APR 26 AM 10:33

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

| | | | | | |
|--------------------------------------|---------|--|---|--|--------|
| RECEIPT | | DATE | April 26, 2024 | No. | 279046 |
| RECEIVED FROM | | SCOTT R. SHAPIRO | | \$7224.64 | |
| FOR | | Qualifying Fee | | SEVEN THOUSAND TWO HUNDRED TWENTY FOUR ^{64/100} DOLLARS | |
| <input type="radio"/> FOR RENT | | | | | |
| <input checked="" type="radio"/> FOR | | | | | |
| ACCOUNT # | 1022 | <input type="radio"/> CASH | DEPUTY OF SUPERVISOR OF ELECTIONS | | |
| PAYMENT | 7224.64 | <input checked="" type="radio"/> CHECK | FROM | TO | |
| BAL. DUE | — | <input type="radio"/> MONEY ORDER |  | | |
| | | <input type="radio"/> CREDIT CARD | | | |