

**SHARON L. HARRINGTON  
SUPERVISOR OF ELECTIONS  
LEE COUNTY – FLORIDA**

<b><u>PHYSICAL ADDRESS</u></b> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 <sup>RD</sup> FLOOR FORT MYERS FL 33901	<b><u>MAILING ADDRESS</u></b> please send all correspondence to this address  P O BOX 2545 FORT MYERS FL 33902-2545
MAIN OFFICE 239 LEE VOTE 239-533-8683	FAX 239-533-6310 WEBSITE <a href="http://www.leeelections.com">www.leeelections.com</a>

**QUALIFICATION CONFIRMATION**

CANDIDATE	DAVID SHESTOKAS		
	LEE COUNTY COURT JUDGE GROUP 3		
DATE ISSUED	ALL FORMS SUBMITTED	FILING FEE PAID (CHECK ONE)	RECEIVED BY
04-29-10	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> PETITION METHOD <input type="checkbox"/> N/A(WRITE-IN)	JO ANN BEAUMONT ADMINISTRATIVE ASSISTANT

This office is in receipt of all required candidate-qualifying forms, filing fee (if any) and/or candidate petition signatures required in order to qualify for the office you seek. If you have received a qualification confirmation from this office your candidate-qualifying process is complete.

Questions or concerns regarding candidate-qualifying can be addressed by contacting me at 239-533-6304.

*Bernie Feliciano*

Bernie Feliciano  
Qualifying Officer

**JUDICIAL OFFICE LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY OF Lee

I,

David

J.

Shestokas

First Name

Middle Name/Initial

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Important:** If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**OATH OF CANDIDATE**

(Section 105.031, Florida Statutes)

I,

David Shestokas

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of

Lee County Court

(office)

(district)

(circuit)

3

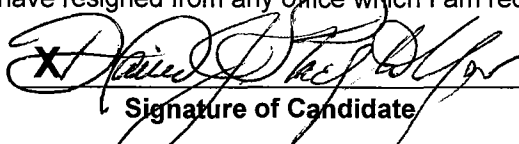
(group)

my legal residence is

Lee

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 the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; by executing this form, I have taken the oath required by ss. 876.05 – 876.10, Florida Statutes; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.



Signature of Candidate

(239) 687-5036

Telephone Number

djs@shestokas.com

Email Address

9527 Hemmingway

Address

Fort Myers

City

FL

State

33913

ZIP Code

Sworn to (or affirmed) and subscribed before me this 29<sup>th</sup> day of April, 2010.Personally Known: ☒ or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

JoAnn Montoya / JOANN MONTAYA  
Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC - STATE OF FLORIDA



JoAnn P. Montoya

Commission # DD624023

Expires: DEC. 20, 2010

BONDED THRU ATLANTIC BONDING CO., INC.

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

Please print or type your name, mailing address, agency name, and position below :

## FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

SHESTOKAS, DAVID J.

MAILING ADDRESS:

9527 HEMINGWAY

CITY:

FORT MYERS

ZIP:

33913

COUNTY:

LEE

NAME OF AGENCY:

LEE COUNT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE

FOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 4/29/10, 2010 was \$ 319,500.

### PART B -- ASSETS

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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.

The aggregate value of my household goods and personal effects (described above) is \$ 45,000 -

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

REAL PROPERTY 12970 MCCARTHY RD., LEMONT, IL

\$450,000 -

REAL PROPERTY 114 E. ILLINOIS ST., LEMONT, IL

\$370,000 -

" " 880 YATES, KANKAKEE, IL

\$115,000 -

AMERITRADE ACCT.

10,500 -

### PART C -- LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

U.S. BANK

\$175,000

BANK OF AMERICA

\$60,000

CHASE BANK

\$136,000

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

# PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2009 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

## PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SUITE101.COM		\$2,400.00/yr
LEGAL FEES		\$15,000.00/yr

## SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

## PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

LEE

Sworn to (or affirmed) and subscribed before me this 29 day of

April 20 10 by DAVID J. Shestokas  
Jo Ann Montoya / JoAnn Montoya

(Signature of Notary Public - State of Florida)

NOTARY PUBLIC - STATE OF FLORIDA

JoAnn P. Montoya

Commission # DD624023

(Print, Type, or Stamp Sample Commissioned Name of Notary Public)

BONDED THRU ATLANTIC BONDING CO., INC.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.