

**CANDIDATE OATH –  
STATE AND LOCAL PARTISAN OFFICE**

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 12: 14

PALM BEACH COUNTY, FL

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, Mack Bernard

*(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)*

am a candidate for the office of Palm Beach County Commission, 7, \_\_\_\_\_,  
(Office) (District #) (Circuit #)

\_\_\_\_\_ ; my legal residence is Palm Beach County, Florida; I am a qualified elector  
(Group or Seat #)

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 Party**

(Section 99.021(1)(b), Florida Statutes)

*(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)*

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 112494166

**Phonetic spelling for audio ballot:** Print 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 2 of this form): *[Not applicable to write-in candidates.]*

MACK BUR-NARD

X Mack Bernard (561) 689.9787 mack@mackbernard.com  
Signature of Candidate Telephone Number Email Address

6901 Okeechobee Blvd., Ste D5-L95 West Palm Beach Florida 33411  
Address City State ZIP Code

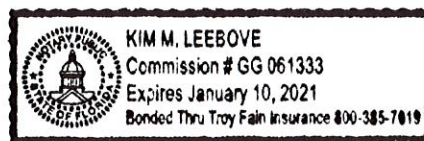
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Kim M. LeeBove  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by  physical or  
 online presence this 26 day of May, 2020.

Personally Known: X or Produced Identification: \_\_\_\_\_

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



**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:  
SUPERVISOR OF ELECTIONS  
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PALM BEACH COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:  
**BERNARD MACKENSON "MACK"**

MAILING ADDRESS:  
**301 N. OLIVE AVENUE**  
**12TH FLOOR**

CITY : ZIP : COUNTY :  
**WEST PALM BEACH 33401 PALM BEACH**

NAME OF AGENCY :  
**PBC BOARD OF COUNTY COMMISSIONERS**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**PALM BEACH COUNTY COMMISSIONER, DISTRICT 7**

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, 2019 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 DECEMBER 31, 20 19 was \$ \$222,612.00.

**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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$2,500.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
140 SE 27th Place, Boynton Beach, Florida 33435, PCN 08-43-45-33-08-005-0120	\$223,605.00
1534 Fenton Drive, Delray Beach, Florida 33445, PCN 12-42-46-12-22-001-0140	\$347,000.00
2013 White, Lincoln MKT, VIN 2LMHJ5FK8DBL56108	\$ 9,992.00
Nationwide Retirement Solutions, P.O. Box 182797, Columbus, OH 43218 457(B)	\$ 50,500.49

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA, N.A., P.O. BOX 650070, DALLAS, TEXAS 75265	\$134,394.49
BANK OF AMERICA, N.A., P.O. BOX 650070, DALLAS, TEXAS 75265	\$ 83,027.83
BANK OF AMERICA, N.A., P.O. BOX 851001, DALLAS, TEXAS 75266	\$146,588.23
MOHELA, P.O. BOX 105347, ATLANTA, GEORGIA 30348	\$ 19,974.86

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	
NONE	
NONE	

**PART D -- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

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PALM BEACH COUNTY, FL

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
PALM BEACH COUNTY BOCC	301 N Olive Ave, 12th Fl, WPB FL 33401	\$105,535.50
NONE		

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			
NONE			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE	NONE	NONE
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			

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

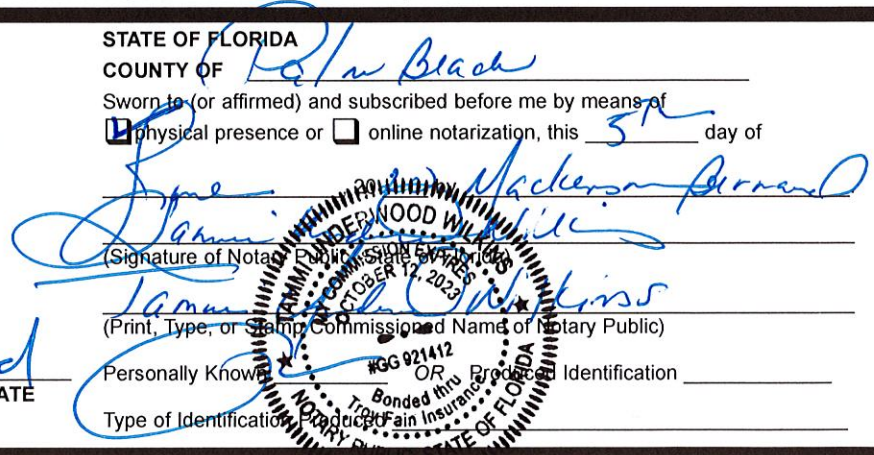
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Palm Beach  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 5th day of

Jamie Mackerson Bernard  
 (Signature of Notary Public, State of Florida)  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Mackerson Bernard  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR  Production of Identification  
 Type of Identification Notary Public, State of Florida



If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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