

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

SUPERVISOR OF ELECTIONS

2020 JUN 10 AM 10:40

PALM BEACH COUNTY, FL

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

DAVID, IRVING, SHINER

3. Address (include post office box or street, city, state, zip code)

8897 SYDNEY HARBOR CIRCLE, DELRAY
BEACH, FLORIDA 33446

4. Telephone

(561) 777-7700

5. E-mail address

David@VoteDavidShiner.com

6. Office sought (include district, circuit, group number)

COUNTY COMMISSIONER DISTRICT 5

**7. If a candidate for a nonpartisan office, check if
applicable:**

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☒ REPUBLICAN Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DAVID SHINER

11. Mailing Address

951 YAMATO ROAD, SUITE 210

12. Telephone

(561) 777-7700

13. City

BOCA RATON

14. County

PALM BEACH

15. State

FL

16. Zip Code

33431

17. E-mail address

David@VoteDavidShiner.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

CITY NATIONAL

20. Address

641 South Federal Hwy.

21. City

Boca Raton

22. County

Palm Beach

23. State

Florida

24. Zip Code

33432

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

June 9, 2020

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, David Shiner, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

June 9, 2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

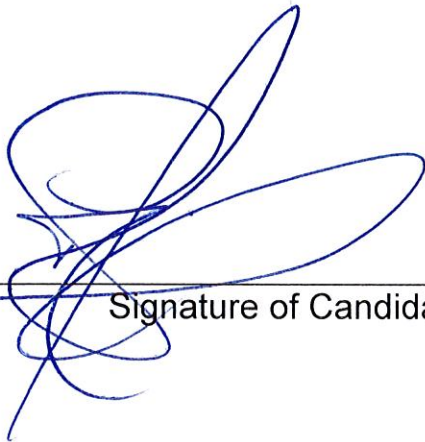
OFFICE USE ONLY
SUPERVISOR OF ELECTIONS

2020 JUN 10 AM 10:40

PALM BEACH COUNTY, FL

I, DAVID IRVING SHINER ,
candidate for the office of COUNTY COMMISSIONER DISTRICT 5 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

JUNE 9, 2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).