

**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 10 AM 10:40

PALM BEACH COUNTY, FL

OFFICE USE ONLY

**Candidate Oath**

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

I, **DAVID IRVING SHINER**

*(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 **COUNTY COMMISSIONER**, **5**  
(Office) (District #) (Circuit #)

; I am a qualified elector of **PALM BEACH** County, Florida; I am qualified  
(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 **REPUBLICAN** 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): **101742120**

**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.]*

**DAVID IRVING SHINER**

**X**

(561) 777-7700

DAVID@VOTEDAVIDSHINER.COM

**Signature of Candidate**  
8897 Sydney Harbor Circle  
Address

Telephone Number  
Delray Beach  
City

Florida 33446  
State ZIP Code

**STATE OF FLORIDA**

**COUNTY OF Palm Beach**

Sworn to (or affirmed) and subscribed before me this **9**  
day of **June**, 2020.

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

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

**Signature of Notary Public**

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



**DONNA M. ANTONELLI**  
Notary Public - State of Florida  
Commission # GG 022510  
My Comm. Expires Dec 15, 2020  
Bonded through National Notary Assn.

**FORM 6****FULL AND PUBLIC DISCLOSURE****2019**

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

**OF FINANCIAL INTERESTS****SUPERVISOR OF ELECTIONS**

2020 JUN 10 AM 10:40

PALM BEACH COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:

SHINER

DAVID

IRVING

MAILING ADDRESS:

8897 SYDNEY HARBOR CIRCLE

CITY:

DELRAY BEACH

ZIP:

33446

COUNTY:

PALM BEACH

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COMMISSIONER DISTRICT 5

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 \$ 3,007,800.

**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 \$ 250,000

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
PRIMARY RESIDENCE	950,000
BUSINESS/LAW FIRM	2,000,000
LEASED VEHICLES	105,300
MARKETABLE SECURITIES	200,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE	450,000
LEASED VEHICLES	47,500

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**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 read the instructions and attachments 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
LAW FIRM	951 YAMATO RD, SUITE 210, BOCA RATO	\$200,000

**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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SHINER LAW GROUP, PA		
ADDRESS OF BUSINESS ENTITY	951 YAMATO RD. #210		
PRINCIPAL BUSINESS ACTIVITY	LAW FIRM		
POSITION HELD WITH ENTITY	OWNER		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	100%		

**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.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
COUNTY OF

Palm Beach

Sworn to (or affirmed) and subscribed before me by means of  
☒ physical presence or ☐ online notarization, this 9th day of

June, 2020 by DAVID J. SHINER

(Signature of Notary Public, State of Florida)  
DONNA M. ANTONELLI  
Notary Public - State of Florida  
Commission # 66-022510  
My Comm. Expires Dec 15, 2020  
Bonded through National Notary Assn.

(Print, Type, or Stamp Name of Notary Public)  
Personally Known

Type of Identification Produced

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** ☐