### **CANDIDATE OATH SCHOOL BOARD OFFICE**

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

Write-in candidate

# RECEIVED

JUN U 5 2024

DUVAL COUNTY PLEC.

		OFFICE USE ONLY
Candida	ate Oath	
Name to appear on ballot: TONY FICATE	240	
Check box if two last names without hyphel	n. (Name cannot be changed after qualifying.	.)
Check box if name includes nickname. (For use of a nickna	ame, you must complete the Nickname Affidavit on	reverse side.)
I swear or affirm that I am a candidate for the office of	Office)	_, <u> </u>
I am a qualified elector of	r part thereof runs concurrent with the office rsuant to Section 99.012, Florida Statutes; a	nave qualified for no e I seek: and I have
Section 876.05, Florida Statutes (only applicable if elected a Florida and of the United States of America, and being employed funds as such employee or officer, do hereby solemnly swear of and of the State of Florida.	ed by or an officer of the court system and a	recipient of public
Statement of Outstanding	Fines, Fees, or Penalties	
I owe outstanding fines, fees, or penalties, that cumulatively exceed \$	3250, for ethics or campaign finance violations (s.	99.021(1)(d), F.S.).
YES, I Do		51050 day 80
f you do, you must also specify the amount owed and each entity	and the state of t	
X (304) 40 3 8 Signature of Canditlate Telephone Number	BIAB TRADESCOUSCE Email Address	DAOLICON
Address of Legal Residence City		ZZIS ZIP Code
STATE OF FLORIDA	1. Am ml	a de o s
COUNTY OF JVVA	Signature of Notary Public	ene ,
Sworn to (or affirmed) and subscribed before me by means of	Print, Type, or Stamp Commissioned Name of No	otary Public below:
online notarization OR physical presence	LQY PIIL	
his $\underline{6}$ day of $\underline{JUNC}$ , $\underline{2024}$ .	CIERRA ALEXXUS M FACKLER  * Commission # HH 422514	
Personally Known OR Produced Identification	Expires July 17, 2027	
Type of Identification Produced: FLD L		
DS-DE 304SB (Eff. 10/2023)	Rule	e 1S-2.0001, F.A.C.

Phonetic Spellin	ig of Name			
Phonetic spelling for the audio ballot (not required for qualifying purp wish it to be pronounced on the audio ballot as may be used by persons	poses): Print the name phonetically on the line below as you swith disabilities (see instructions on page 3 of this form):			
Statement of Outstanding F	lines, Fees or Penalties			
Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a part candidate, shall, at the time of subscribing to the oath or affirmation, start or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. and Employees under part III of chapter 112, any local ethics ordinance chapter 106.	arty candidate, a candidate with no party affiliation, or a write-in te in writing whether he or she owes any outstanding fines, fees, II of the State Constitution, the Code of Ethics for Public Officers governing standards of conduct and disclosure requirements, or			
Amount	Entity The Control of			
Afficavift of Nickname (Only regula	ad thurston ordens we for the ballot			
My legal name is ANTHONY RICHARD affidavit are true and correct.	I am over the age of eighteen (18) and the contents of this			
My nickname is	I am generally known by this nickname or have used it as part My nickname does not imply I am some other person, constitute nat is obscene or profane.			
Signature of Candidate				
STATE OF FLORIDA	1.1			
COUNTY OF DUVAL	Signature of Notary Public			
Sworn to (or affirmed) and subscribed before me by means	Print, Type, or Stamp Commissioned Name of Notary Public below:			
of online notarization   OR physical presence	CARY PUS, CUEDEA ALEXANDRIA			
this 6 day of June 2024.	CIERRA ALEXXUS M FACKLER  * Commission # HH 422514			
Personally Known OR Produced Identification Type of Identification Produced: FLDL	Expires July 17, 2027			
Type of identification Produced. 1 2 2 2				
DS-DE 304SB (Eff. 10/2023)	Rule 1S-2.0001, F.A.C.			

DS-DE 304SB (Eff. 10/2023)



JUN 0 5 2024

DUVAL COUNTY ELEC.

**General Information** 

Name:

Mr Tony Ricardo

Address:

12537 Dunn Creek Road, Jacksonville, FL 32218

County:

Organization

Suborganization

Titlo

N/A

**CANDIDATE FOR** 

Position

**Agency Name** 

Position sought or held

**District School Board** 

**Duval County Public Schools** 

District 1

#### **Net Worth**

My Net Worth as of December 31, 2023 was \$ 630,000.00.

#### **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 \$337,000.00.

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

Description of Asset	Value of Asset	
12537 Dunn Creek Rd.	\$ 288,000.00	
Mutual Fund	\$ 60,000.00	

#### Liabilities

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

Name of Creditor	Address of Creditor	Amount of Liability
PNC Bank	P.O.Box 1820 Dayton, OH. 45401-1820	\$ 45,000.00

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

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

		<del> </del>				
Income			· · · · · · · · · · · · · · · · · · ·	· .		
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's war I elect to file a copy of my PRIMARY SOURCES OF INCOM	e copy of your 202 ity or account nul rebsite. 2023 federal inco	23 federal incon mbers before at	ne tax return, including all taching your returns, as th	W2s, schedules, e law requires t	and attachments.	
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of income		Amount	
Ricardo Designs		12537 Dunn C	reek Rd. Jacksonville, FL 32	2218	\$ 14,496.00	
Social Security		1200 Rev Abraham Woods Jr. Blvd. Birmingham, AL 35285-0001		\$ 132,000.00		
Name of Business Entity  NAME OF Business Entity  NAME OF Business' Inc.		or Sources of	Address of Source	Princip	Principal Business Activity of Source	
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.

## **Tony Ricardo**

Digitally signed: 06/04/2024

ANTHONY BICARDO CAMPAIGN 12537 DUNN CREEK RD JACKSONVILLE FL 32218 2015 904-403 8178

DATE DONE 6, ZOZ4

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AV of the Order Of SUPERVIYOR OF ELECTIONS

TWO THOUSAND ONE HUNDRED THIRTY SIX AND 24/100

COMMUNITY EIRST

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