

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

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OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: David Richardson

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Miami-Dade County Tax Collector N/A
(Office) (District #)

N/A N/A; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector 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

I swear or affirm that I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, 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, by the executive committee of the above-stated political party.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not XX

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X David Richardson (305) 853-6616 david@davidforflorida.com
Signature of Candidate Telephone Number Email Address
1005 8TH ST. PH1 Miami Beach FL 33139
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒
this 6th day of June, 2024.

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

Christian B. Ulvert
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mr Lance David Richardson
Address: 1005 8TH ST PH 1, MIAMI BEACH, FL 33139
County: Miami-Dade

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Tax Collector	Miami-Dade Tax Collector	Tax Collector

Net Worth

My Net Worth as of May 29, 2024 was \$ 2,508,942.90.

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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 \$ 104,423.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Home; 1005 8th Street, Unit PH-1, Miami Beach, FL 33139	\$ 950,000.00
Secondary Home; 121 N. Monroe St., Unit 9003, Tallahassee, FL. 32301	\$ 300,000.00
Cash, Stocks, Bonds (see attachment)	\$ 922,943.31
Loan to Campaign for Tax Collector	\$ 250,000.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Volvo Financial Services	P.O Box 91300, Mobile, AL 36691	\$ 18,423.41

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
City of Miami Beach	1700 Convention Center Drive, Miami Beach, FL 33139	\$ 34,871.00
Social Security Administration	2100 M St., NW, Washington, DC 20037	\$ 25,320.00
Florida Retirement System	1801 Hermitage Blvd., Tallahassee, FL 32308	\$ 6,316.00
Fidelity IRA Distributions	245 Summer St., Boston, MA 02210	\$ 41,000.00
Nat'l Financial Services LLC (see attachment)	499 Washington Blvd., Jersey City, NJ 07310	\$ 24,504.98
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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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.

Lance David Richardson

Digitally signed: 05/30/2024

For Qualifying
Purposes Only

MIAMI-DADE
ELECTIONS

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1742 W FLAGLER ST
MIAMI, FL 33135-0000

1122

DATE 6/4/2024

PAY
TO THE
ORDER

PAY TO THE ORDER OF Miami-Dade County \$ 13,149.⁰⁰/₁₀₀

Thirteen thousand one hundred forty-nine only - DOLLARS

BANK OF AMERICA

FOR 2024 Qualifying Fee
Miami-Dade County Tax Collector

MIAMI-DADE
COUNTY**MIAMI-DADE COUNTY-FLORIDA**

No. 8251198

RECEIVED FROM David Richardson

DATE 6 / 6 / 2024
MONTH DAY YEAR

ADDRESS 1742 W Flagler St

CASH \$ _____ . _____

Miami

STREET ADDRESS

FL

33135

CHECKS \$ 13,149.00

CITY

forty-nine

STATE

ZIP

AMOUNT OF: Thirteenthousand One Hundred DOLLARS, AND xx/100 CENTS TOTAL \$ 13,149.00

FOR PAYMENT OF: Qualifying Fee - MDC Tax Collector

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: Yolanda Washington

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APPENDIX