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

DS-DE 301A (Eff. 10/2023)

# RECEIVED

2024 JUN -6 PM 4: 44

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.) (District #) N/A ; I am a qualified elector of Miami-Dade (Group or Seat #) County, Florida; (Circuit #) 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. (305)853-6616 david@davidforflorida.com Signature of Candidate Telephone Number Email Address Miami Beach 1005 8TH ST. PH1 FL 33139 Address of Legal Residence ZIP Code STATE OF FLORIDA COUNTY OF Migmi-Dade Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of HRISTIAN & online notarization physical presence OR Personally Known 

OR Produced Identification Type of Identification Produced: Rule 1S-2.0001, F.A.C.

#### **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

BAMI-DADE

#### **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 \$\frac{104,423.00}{200}\$.

#### 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	V 1 1 V 1 1 1

#### 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

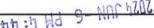
#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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ncome							
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's v	e copy of your 20: rity or account nu vebsite. 2023 federal inco	23 federal incon mbers before at	ne tax return, including all W taching your returns, as the	2s, schedules, law requires th	and attachments.		
Name of Source of Income Ex	ceeding \$1,000	Address of So	urce of Income		Amount		
City of Miami Beach		1700 Convent	ch, FL. 33139	\$ 34,871.00			
Social Security Administration	1	2100 M St., N	\$ 25,320.00				
Florida Retirement System		1801 Hermita	\$ 6,316.00				
Fidelity IRA Distributions		245 Summer S	\$ 41,000.00				
Nat'l Financial Services LLC (s	ee attachment)	499 Washingt	\$ 24,504.98				
See Attached			JAN.				
SECONDARY SOURCES OF INCO	AND THE	jor Sources of	tc. of businesses owned by r	Principa	n): al Business of Source		
N/A			e TA				
		_^					
		all					
	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 Form 6 and that the facts stated in it are true.

# Lance David Richardson

Digitally signed: 05/30/2024



	DAVID RICHARDSON CAMPAIGN AC 1742 W FLAGLER ST MIAMI, FL 33135-0000	DATE 6 4 2024	1060
FOR 20 Miav	PAY TO THE OF Mani-Dade County  Thirteen thousand one home  BANK OF AMERICA  BY Wality ine Fee  ni-Dade County Tax Collector		13, 149. 2 LLARS O 60
		y y y y y y y y y y y y y y y y y y y	<b>CP</b>

MIAMI-DADE COUNTY	MIAMI-DADE COUNTY-FL	ORIDA			
	RECEIVED FROM David	Richard	Son		DATE_
	ADDRESS 1742 W		St		Cash
	Miami	STREET ADDRESS	1-1	22125	

16 , 6 , 3024 MONTH DAY YEAR

s 13,149.00

No.8251198

AMOUNT OF: Thirteen thousand one Hundred Dollars, and XX/OD CENTS TOTAL \$ 13,149.00

FOR PAYMENT OF: Qualifying Fee - MDC Tex Collector
THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT .: Elections

FOR OFFICE USE ONLY

BY: Yolanda Washington

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