CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

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

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Rule 1S-2.0001, F.A.C.

		14	HAMI-DADE	OFFICE USE ONLY	
	Candidate O	ath	FLECTIONS	5	
Name to appear on ballot: Mario Knapp					
Check box if two last names w	ithout hyphen. \square	(Name cannot be c	hanged after qualifyin	g.)	
Check box if name includes nickname. (For use	e of a nickname, yo	u must complete the	Nickname Affidavit or	reverse side.)	
I swear or affirm that I am a candidate for the office of N	liami-Dade Sh	neriff		N/A	
1		(Office)		(District #)	
(Circuit #) (Group or Seat #); I am a qualifie	ed elector of Miai	mi-Dade		County, Florida;	
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.					
S	tatement of I	Party			
I swear or affirm that I am a member of the Republica			2007년(1일: 1000 - 1000 TE 2020 2010년(12:00년) 2010년(12:00년)	ember 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 Outs	tanding Fine	es. Fees. or P	enalties		
9 8 9 70 42 3 BBS 35 A A 54		di Amerikan			
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 I	Do Not X			
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.					
X / (1) (305)	244-9416	ν,	mkapo13@yah	noo.com	
Signature of Candidate Telepho	ne Number		Email Addres		
13974 SW 160 Terrace Miami		FI	3317		
Address of Legal Residence City		State	421	ZIP Code	
STATE OF FLORIDA		$n \cap C$	atill-		
COUNTY OF Miami Dade	Sin	nature of Notary	Public		
**************************************	Prin		mmissioned Name of	Notary Public below:	
Sworn to (or affirmed) and subscribed before me by mean	\				
online notarization \(\sum \) OR physical presence \(\text{this} \) \(\frac{1}{20.25} \) \(\text{this} \) \(\frac{1}{20.25} \)	<u> </u>	T WWW.	MARTHA CASTIL	LO	
this 7 day of 302	귝		otary Public-State of F Commission # HH 327	lorida	
Personally Known OR Produced Identification	(•)		My Commission Expi October 30, 2026		
Type of Identification Produced: Florida Driver	5 Mcinsc	- wat district delicated by an inches	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	Control of the Contro	

General Information

Name:

Mario Knapp

Address:

13974 SW 160TH TER, MIAMI, FL 33177

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Sheriff

Miami-Dade Sheriff's Office, Miami-Dade

Miami-Dade County Sheriff

County

Net Worth

My Net Worth as of May 21, 2024 was \$ 615,977.29.

MAIN-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 \$25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset			
Home-13974 SW 160 Ter. Miami Fl. 33177	\$ 569,286.00			
Stock: Axon Enterprise Inc.	\$ 116,000.00			
Checking Account: Chase	\$ 2,200.00			
Savings Account: Chase	\$ 42,000.00			
AB Large Cap Growth Fund - Class Z	\$ 177,032.83			
Fidelity International Index Fund	\$ 41,627.89			
The Hartford Dividend and Growth Fund - Class R6	\$ 53,644.80			

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability		
Mr. Cooper	PO Box 650783 Dallas, TX 75265	\$ 347,668.73		
GM Financial	801 Cherry Street, Ste. 3500 Fort Worth TX 76102	\$ 53,000.00		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

SHOTTON IS

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Please redact any social security of posted to the Commission's websi	oy of your 202 r account nun ite.	3 federal incom nbers before at	ceeded \$1,000 during the year, incluing the year, incluing tax return, including all W2s, schetaching your returns, as the law required and all W2s, schedules, and attachment	edules, a uires the	nd attachments.
Name of Source of Income Exceeding \$1,000 Address of Source of Income				Amount	
Monthly FRS Payment		1801 Hermita	ge Blvd., Suite 100, Tallahassee, FL 3	2308	\$ 5,379.09
	Name of Major Sources of Business' Income		I Address of Source	A	l Business of Source
					VIII-
Interests in Specified Bus	sinesses				
Business Entity # 1					
N/A					

SKUTOT I

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Signature of Reporting Official or Candidate

Under the panalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Mario Knapp

Digitally signed: 06/04/2024

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024027

PNC Bank

Mario Knapp Campaign

1722 NW 80th Blvd, Suite 90 Gainesville, FI 32606

5/30/2024

PAY TO THE ORDER OF

TRANS

107.01-1 6/04

Miami-Dade County - Supervisor of Elections

\$15,300.00

SUBSIDIARY

Miami-Dade County - Supervisor of Elections 2700 NW 87th Avenue Miami, FL 33172

AMOUNT

QUALIFYING FEE - MDC SHERYEF

MIAMI-DADE COUNTY	OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA		No.8251204
	ADDRESS 1722 NW 80th Blvd, Suite 90	DATE_	1. 7 2 2
AMOUNT OF:	Freen Thousand Three DOLARS AND XX	CHECKS	
THIS RECEIPT	NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUT	HORIZE	D FMPI OVER OF DEPL
FOR OFFICE	E USE ONLY	da V	Mashington

INDEX CODE

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