MIAMI-DADE COUNTY	OFFICE USE ONLY								
CANDIDATE OATH	Proof of residency provided:								
NONPARTISAN OFFICE	Proof of residency provided:								
(Do not use this form if a Judicial or School Board Candidate)	☐ Driver's License	Utility Bill 😝							
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	Voter Information Card	Homestead Exemption Receipt							
Write-in candidate (Although a Write-in candidate's name is not printed on the ballot,									
the name must be printed below for oath purposes.)	Property Tax Receipt	Lease Agreement							
	date Oath	E ARE							
Name to appear on ballot: Richard Praschnik		SE # 0							
(Print name above as you wi	sh it to appear on the ballot – Name cannot	t be changed after qualifying.)							
• Check box if two last names without hyphen									
<ul> <li>Check box if name includes nickname         (For use of a nickname, you must complete the Nickname Affidavir.)</li> </ul>	t on reverse side.)	4.							
I swear or affirm that I am a candidate for the nonpartisan office of	I swear or affirm that I am a candidate for the nonpartisan office of Miami-Dade County Commissioner								
District 7	District 7								
(District/Area/Subarea #)  I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the									
Laws of Florida and the Home Rule Charter of Miami-Dade Coun	ty 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 w									
and I have resigned from any office from which I am required to the Constitution of the United States and the Constitution of the St		12, Florida Statutes; and I will support							
	·	the office and submitting man of of							
I affirm that I am a resident of Miami-Dade County, meet the mir my residency in the district for the prescribed period. Under p									
Candidate and that the facts stated in such are true.									
Statement of Outstand	ding Fines, Fees, or Penalties	s							
I owe outstanding fines, fees, or penalties, that cumulatively exceed	내가 있는 그렇게 어디가 있었다. 하고 있는 사람이 되었다면 하는 것이 없었다.	5-							
YES, I Do	NO, I Do Not								
If you do, you must also specify the amount owed and ea	ch entity that levied the same o	on the reverse side.							
Medel									
		ichard@RichardPraschnik.com							
Signature of Candidate Tele	phone Number	Email Address							
Address City	State	ZIP Code							
STATE OF FLORIDA	SUSY PUR	MARLON SOBALVARRO							
COUNTY OF Miami-Dade		Notary Public - State of Florida Commission # HH 023839							
Sworn to (or affirmed) and subscribed before me by physical or  My Comm. Expires Jul 26, 2024									
online ☐ presence this 20day of May	20_24								
	Marlon Solalua								
Personally Known:or	Transport of the transport	771.6							
	Signature of Notary Public	vio							
Produced Identification:  Type of Identification Produced: Florida Driver's License									

Phonetic Spelling of Name									
	et required for qualifying purposes): Print the name phonetically on the line below as you wish it to be e used by persons with disabilities (see instructions on page 3 of this form):								
Si	tatement of Outstanding Fines, Fees or Penalties								
at the time of subscribing to the oath or af exceed \$250 for any violations of s. 8, Art.	ch candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, ifirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, dards of conduct and disclosure requirements, or chapter 106.								
Amount	Entity								
N/A	N/A								
	THAT SO E								
	84:								
Affidavi	t of Nickname (Only required if using nickname for the ballot.)								
	. I am generally known by this nickname or have used it as part of my ame to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or								
Signature of Candidate:									
STATE OF FLORIDA  COUNTY OF									
this day ofOR Produ	Signature of Notary Public Print, Type or Stanp Commissioned Name of Notary Public below: hysical presence								



**Voter Information Card** Miami-Dade County, FL Tarjeta de Información del Elector Condado de Miami-Dade, FL

Kat Enfòmasyon Votè Konte Miami-Dade, FL

> ISSUED EMITIDA 06/18/22

Bring photo identification when voting.

Richard Praschnik

Para votar, presente una identificación con fotografía.

Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Registration No. Núm. de Inscripción Nim. Enskripsyon

122813570

Voting Location | Centro de Votación | Lokal Biwo Vòt

Kendale Elementary School 10693 SW 93 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt

Date of Birth Fecha de Nacimiento **Dat Nesans** 

Registration Date Fecha de Inscripción Dat Enskripsyon

9/16/2015

Party Affiliation | Afiliación Partidista | Pati Politik

## REPUBLICAN PARTY OF FLORIDA

Christina White Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below. Ud. puede votar por los representantes de los distritos enumerados abajo. W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

State Senate Senado Estatal

Sena Eta

Congress Congreso Kongrè

County Commission Comision del Condado

Komisyon Konte



School Board Junta Escolar Asanble Edikasyon Cámara Estatal Lachanm Eta

Community Council Consejo Comunitario Konsèy Kominotè







UNINCORPORATED M-D

MIAMI-DADE SHOITDA IS

2024 MAY 30 PM 4: 48

**SECEINED** 

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
Wengay M. Newton, Sr.
Jim Waldman



State of Florida COMMISSION ON ETHICS P.O. Drawer 15709 Tallahassee, Florida 32317-5709 Kerrie J. Stillman Executive Director

Steven J. Zuilkowski

Deputy Executive Director/

General Counsel

(850) 488-7864 Phone (850) 488-3077 (FAX) www.ethics.state.fl.us

325 John Knox Road Building E, Suite 200 Tallahassee, Florida 32303

"A Public Office is a Public Trust"

## VERIFICATION AND RECEIPT OF SUBMISSION TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Richard Praschnik

Filer PID #: 308831

Date Filed: 5/29/2024

Disclosure Received: 2023 Full and Public Disclosure of Financial Interests

Filing ID: 953645

Receipt Print Date: 5/29/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit https://disclosure.floridaethics.gov/PublicSearch/Filings. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

SMOITURA PR

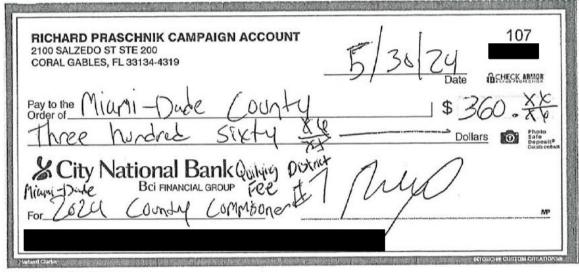
3054 HV & 30 BH P: #8

RECEIVED

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.8251152

COUN	TY TOTAL	MIAMI-DADE COUNTY-FLORIDA											
		RECEIVED FROM Richard Praschnik						DATE_	5 MONTH	130 DAY	12024 YEAR		
	ADDRESS 8724 Sunset Drive #146						Cash	\$	DAT		·		
		Mi	ami	SIKI	ET ADDR	F		33173	Снескѕ	\$	3	60	.00
Ам	OUNT OF:	Tiree Hunch	red Sixty	/	_ Doll			CENTS	TOTAL	\$	3	60	@
For	PAYMENT	of: Quali	fying	Fee	-	MDC	Cor	nmis	Sione	r Dis	trict "		
TH	IS RECEIP	T NOT VALID	UNLESS D	ATED, C	OMPLE	TED AN	ID SIGN	ED BY AU	JTHORIZE	D EMPL	OYEE OF	DEPAR	TMENT.
		chions		272				Yokan					
FC	R OFF	ICE USE ON	NLY								7,,		
Trans		Subsidiary	INDEX CODE			. s	Subobject	Amount					
107.0	1-1 6/04												



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2024 MAY 30 PM 4: 48

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