CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate:

~ ~ ~			
I A Init	- in a	andida	4~
VVIIIE	2-111 C	andida	ıe

SUPERVISOR OF ELECTIONS 2024 JUN 14 AM 10: 23

TALL LEENSH COUNTY, FL OFFICE USE ONLY

Candidate Oath			
Name to appear on ballot: Richard J. Vassa lotti T. 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 nonpartisan office of Indian Trail Improvement District (District #) (Office) (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; 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 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 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 If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.			
Signature of Candidate Telephone Number Telephone Number Telephone Number City 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 online notarization OR physical presence Type of Identification Produced: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: Notary Public - State of Florida Commission # Hth 022990 Notary Public - State of Florida Commission # Hth 022990 Notary Public - State of Florida Commission # Hth 022990 Notary Public - State of Florida Commission # Hth 022990 Notary Public - State of Florida Commission # Hth 022990 Notary Public - State of Florida Commission Hth 022990 Notary Public - State of			
DS-DE 302NP (Eff. 10/2023)			

SUPERVISOR OF FUED-1

General Information

2024 JUN 14 AM 10: 22

Title

Name:

Mr Richard Joseph Vassalotti II

Address:

12839 70TH PL N, WEST PALM BCH, FL 33412

County:

Palm Beach

Organization

Suborganization

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Special District

Indian Trails Improvement District

Indian Trail Improvement District

Seat 2

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Florida Retirement System	3189 S Blair Stone Rd, Tallahassee, FL 32301	Retirement income.

Secondary Sources of Income

SUPERVISOR OF ELECTIONS

2024 JUN 14 AM 10: 23

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

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

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description

N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over\$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates	
Prepaid College Fund - State of Florida	Personal	
UBS Financial Services	Personal	
Nationwide Retirement Solutions	Personal	
PNC Bank	Personal	
Guardians Credit Union	Personal	

SUPERVISOR OF ELECTIONS
2014 JUN 14 AM 10: 23
FALSE BEACH COURTY, FL

Name of Creditor	Address of Creditor	
N/A		· · · · · · · · · · · · · · · · · · ·

Interests in Specified Businesses

LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")

Business Entity #1

Liabilities

N/A

Signature of Filer

Richard Joseph Vassalotti II

Digitally signed: 06/13/2024