CANDIDATE OATH STATE AND LOCAL PARTISAN OFFICE WITH PARTY AFFILIATION

2024 JUM 10 PM 12: 09

| 2 | OFFICE | USE ONLY | | |
|---|---|----------------|--|--|
| Candidate Oath | | | | |
| Name to appear on ballot: Richard A | . Ryles | | | |
| Check box if two last names without hy | phen. [(Name cannot be changed after qualifying.) | | | |
| Check box if name includes nickname. (For use of a nic | ckname, you must complete the Nickname Affidavit on reverse si | ide.) | | |
| I swear or affirm that I am a candidate for the office of | (Office) (Dis | 7 strict #) | | |
| ; I am a qualified elector (Circuit #) (Group or Seat #) | or of Palm Beach County | y, 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. | | | | |
| Statem | ent of Party | | | |
| I swear or affirm that I am a member of the party, for which I am seeking nomination as a candidate, for 365 c which I seek to qualify; and I have paid the assessment levied agparty. | days before the beginning of qualifying preceding the general | election for | | |
| Statement of Outstandi | ng Fines, Fees, or Penalties | - 1 | | |
| I owe outstanding fines, fees, or penalties, that cumulatively excee | od \$250, for othics or campaign finance violations (s. 99 021) | 1)(d), E.S.). | | |
| | | .,(-),, . | | |
| | NO, I Do Not | | | |
| If you do, you must also specify the amount owed and each e | ntity that levied the same on the reverse side. | | | |
| Signature of Candidate S13 S. Managonia Cir. West Paradonic City | er Email Address The Beach FL 33401 State ZIP Code | m | | |
| STATE OF FLORIDA | Dan mi | | | |
| COUNTY OF Paim Beach | Signature of Notary Public Print, Type, of Stamp Commissioned Name of Notary Pub | olic below: | | |
| Sworn to (or affirmed) and subscribed before me by means of | | | | |
| online notarization OR physical presence this 30 th day of May 2024. Personally Known OR Produced Identification | JAQUORIA NEERING MY COMMISSION #HH505824 EXPIRES: MAR 19, 2028 Bonded through 1st State Insurance | | | |
| Type of Identification Produced: | | | | |
| DS-DE 301A (Eff. 10/2023) | Rule 1S-2.00 | 01, F.A.C. | | |

| Phonetic Spelling of Name | | | |
|--|--|--|--|
| wish it to be pronounced on the audio ball | lot as may be used by persons | poses): Print the name phonetically on the line below as you swith disabilities (see instructions on page 3 of this form): E - EL - S_02! JUN 10 - 11 12: 03 | |
| | | ines, Fees or Penalties | |
| Pursuant to Section 99.021(1)(d), F.S., candidate, shall, at the time of subscribing or penalties that cumulatively exceed \$25 | each candidate, whether a pa g to the oath or affirmation, stat 0 for any violations of s. 8, Art. | arty candidate, a candidate with no party affiliation, or a write-in te in writing whether he or she owes any outstanding fines, fees, II of the State Constitution, the Code of Ethics for Public Officers governing standards of conduct and disclosure requirements, or | |
| Amount | | Entity | |
| | | | |
| A Est along the or 5 | lickname (Only require | ed if using nickname for the ballot.) | |
| | | a it doing mornianto for the ballotty | |
| My legal name is <u>Richard</u> Available affidavit are true and correct. | nett Kyles | I am over the age of eighteen (18) and the contents of this | |
| My nickname is of my legal name. I have not created the a political slogan or otherwise associate in Signature of Candidate : STATE OF FLORIDA COUNTY OF Palm Beach Sworn to (or affirmed) and subscribed be | e nickname to mislead voters. I me with a cause or issue, or the | I am generally known by this nickname or have used it as part My nickname does not imply I am some other person, constitute nat is obscene or profane. Signature of Notary Public Print, Type or Stamp Commissioned Name of Notary Public below: | |
| of online notarization \(\sum \) OR phys | sical presence | JAQUORIA NEERING MY COMMISSION #HH505824 EXPIRES: MAR 19, 2028 Bonded through 1st State Insurance | |
| DS-DE 301A (Eff. 10/2023) | | Rule 1S-2.0001, F.A.C. | |

2023 Form 6 - Full and Public Disclosure of Financial Interests

2024 JUN 10 PM 12: 09

General Information

Name:

Richard Arnett Ryles Esq

Address:

813 S MANGONIA CIR, WEST PALM BCH, FL 33401

County:

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Commission

Palm Beach County

District 7 Commissioner

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,750,000.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

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|---|---|---|---|---|---|
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2024 JUN 10 PH 12: 09

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 \$5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| home | \$ 750,000.00 |

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2023 Form 6 - Full and Public Disclosure of Financial Interests

| | | | 2024 3111 | TO THIZE | 9 | |
|---|--|-------------------------------------|--|--|---------------------------------------|--|
| Income | | | | | g-1 | |
| Identify each separate source a income. Or attach a complete Please redact any social securit posted to the Commission's well I elect to file a copy of my appropriate to the PRIMARY SOURCES OF INCOME | copy of your 202 ty or account nume ebsite. 2023 federal inco | 23 federal incon mbers before at | ne tax return, including all V taching your returns, as the | V2s, schedules, a e law requires th | and attachments. | |
| Name of Source of Income Exceeding \$1,000 Address of Source of Income | | | Amount | | | |
| Ryles Firm | | 3 | | | \$ 300,000.00 | |
| Name of Business Entity | Name of Major Sources Business' Income | | Address of Source | | | |
| Name of Business Entity | | | of Address of Source | | Principal Business Activity of Source | |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| nterests in Specified I | Businesses | | | | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| Business Entity # 1 | | * | | | | |
| N/A | | | | | | |
| | | | | | | |

2026 HIM TO FM 12: 09

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.

Richard Arnett Ryles Esq

Digitally signed: 05/30/2024