

**CANDIDATE OATH
JUDICIAL OFFICE**

2024 APR 22 PM 12: 02

Check box **only** if you are seeking to qualify as a write-in candidate:

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

Write-in candidate

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Kathleen Mary "Katie" McHugh

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 judicial office of County Judge (Office) (District #)

17 (Circuit #), 6 (Group or Seat #); my legal residence is Broward County, Florida;

I am a qualified elector of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the constitution and laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent to the office I seek; I have resigned from any office which I am required to resign pursuant to s. 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and 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. 105.031(4) 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] (954) 831-7489 K1mchugh@aol.com
Signature of Candidate Telephone Number Email Address
[Redacted] [Redacted] Florida [Redacted]
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Stoward

[Signature]
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

this 15th day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: _____



EVA-TANJA CUTHBERT
Commission # HH 441119
Expires December 20, 2027

2024 APR 15 AM 10:09

SECRET
U.S. DEPARTMENT OF DEFENSE

UNCLASSIFIED
DATE 01-20-2024 BY 60322 UCBAW/STP/STP



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

K aeth I EEN m EH ree "K Ai tee" m uh ky oo

Statement of Outstanding Fines, Fees or Penalties


Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
NA	

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Kathleen Mary McHugh. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Katie. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: 

STATE OF FLORIDA
COUNTY OF Broward


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
this 15th day of April, 2024.
Personally Known OR Produced Identification
Type of Identification Produced: _____



EVA-TANJA CUTHBERT
Commission # HH 441119
Expires December 20, 2027

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 Kathleen Mary McHugh
Filer PID #: 243719

Date Filed: 4/11/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 939419

Receipt Print Date: 4/11/2024

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.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

General Information

Name: Hon Kathleen Mary McHugh CONFIDENTIAL
Address: 201 SE 6TH ST RM 11121, FT LAUDERDALE, FL 33301 PID 243719
County: Broward

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	
Judicial Circuit (17Th)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	17th Judicial Circuit, County Judge, Broward County	17th Judicial Circuit, Group 6, County Court Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 18,466,714.22.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Individual Account with Schwab	\$ 115,000.00
Truist Checking Account	\$ 125,000.00
Voya Deferred Compensation	\$ 228,714.22
Schwab SEP	\$ 30,000.00
Schwab Roth	\$ 10,000.00
Schwab 401 K	\$ 130,000.00
Voya Fixed Account - 457/401	\$ 17,138.15
Fidelity 500 Index Fund	\$ 34,868.06
Dodge& Cox Stock Fund X	\$ 33,862.91
American Funds Growth Fnd R6	\$ 53,976.39
Fidelity Mid Cap Index Fd	\$ 24,811.89
Loomis Sayles Sm Cp Growth Fnd N	\$ 22,751.43
American Funds New Perspective R6	\$ 41,305.39
CIT Savings	\$ 23,000.00

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		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Salary from State of Florida, Chief Financial Officer	200 E Gaines Street, Tallahassee, FL 32399-0356	\$ 180,616.00
Rental Income Property 1	[REDACTED]	\$ 21,600.00
Rental Income Property 2	[REDACTED]	\$ 22,809.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

Interests in Specified Businesses

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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.

Kathleen Mary McHugh

Digitally signed: 04/11/2024

Filed with COE: 04/11/2024

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
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**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 Kathleen Mary McHugh
Filer PID #: 243719

Date Filed: 4/11/2024
Disclosure Received: 2023 Amendment to Full and Public Disclosure of Financial Interests
Filing ID: 940801

Receipt Print Date: 4/11/2024

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.

2023 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

General Information

Name: Hon Kathleen Mary McHugh CONFIDENTIAL
Address: 201 SE 6TH ST RM 11121, FT LAUDERDALE, FL 33301 PID 243719
County: Broward

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	
Judicial Circuit (17Th)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	17th Judicial Circuit	17th Judicial Circuit, Group 6, County Court Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 1,866,714.22.

2023 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

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 \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home - [REDACTED]	\$ 650,000.00
Rental Property - [REDACTED]	\$ 205,000.00
Rental Property - [REDACTED]	\$ 320,000.00
Truist Checking Account	\$ 125,000.00
Voya Deferred Compensation	\$ 228,714.22
Voya Fixed Account - 457/401	\$ 17,138.15
Fidelity 500 Index Fund	\$ 34,868.06
Dodge & Cox Stock Fund X	\$ 33,862.91
American Funds Growth Fnd R6	\$ 53,976.39
Fidelity Mid Cap Index Fd	\$ 24,811.89
Loomis Sayles Sm Cp Growth Fnd N	\$ 22,751.43
American Funds New Perspective R6	\$ 41,305.39
Schwab SEP	\$ 30,000.00
Schwab Roth	\$ 10,000.00
Schwab 401 K	\$ 130,000.00
Individual Account with Schwab	\$ 115,000.00
CIT Savings	\$ 23,000.00

2023 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

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 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 04/11/2024

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Salary - State of Florida, Chief Financial Officer	200 E Gaines St Tallahassee, FL 32399-0356	\$ 180,616.00
Rental Income - Property 1	[REDACTED]	\$ 21,600.00
Rental Income - Property 2	[REDACTED]	\$ 22,809.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

Interests in Specified Businesses

Business Entity # 1
N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Amendment Reason

Explanation of changes why are you amending your previous form 6 submission?
I did not notice prior to submission that my Net Worth figure did not adjust properly. I also had separated my real estate assets from my other assets - I noticed that they did not list under ALL my assets.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6X and that the facts stated in it are true.

Kathleen Mary McHugh

Digitally signed: 04/11/2024

Filed with COE: 04/11/2024

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Kathleen McHugh Work Telephone: 954-831-7489
 Work Address: 210 SE 6th ST #11121 Fort Laud Judicial Office Held: County Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	n/a		\$
			\$
			\$
			\$

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
	n/a	

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Broward

I, Kathleen McHugh, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

[Signature]
(Signature of Reporting Official)

[Signature]
(Signature of Officer Authorized to Administer Oaths)



EVA-TANJA CUTHBERT
Commission # HH 441119
Expires December 20, 2027

My Commission expires December 20, 2027

Sworn to and subscribed before me this
11th day of April, 2024

Form 6B. Report of Business Interests

Instructions: List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: Kathleen McHugh Telephone: 954-831-7489

Address: 201 SE 6 St #11121 Ft. Lauderdale, FL 33301 Position: County Court Judge

Name of Business Entity

Address of Business Entity

n/a

n/a

I certify that the foregoing information is complete, true, and correct.

[Signature]
JUDGE'S SIGNATURE

OATH

State of Florida,
County of Broward

Sworn to (or affirmed) and subscribed before me by means of

physical presence or online notarization, this 11th day of April,

2024, by Kathleen McHugh (Name of Judge).

[Signature]
(Signature of Notary)



EVA-TANJA CUTHBERT
Commission # FH 441119
Expires December 20, 2027

Personally Known or Produced Identification

Identification Produced: _____

2024 APR 11 PM 12:50

RECEIPT

DATE

April 11, 2024

No.

279029

RECEIVED FROM

MARILEEN Mc HUGH

\$7224.64

Seven Thousand Two Hundred Twenty Four ^{64/100} DOLLARS

FOR RENT

Qualifying Fee

DEPUTY OF SUPERVISOR OF ELECTIONS

ACCOUNT # OR

CHECK

FROM

TO

PAYMENT 7224.64

MONEY ORDER

BY



BAL. DUE

CREDIT CARD