

**CANDIDATE OATH -  
JUDICIAL OFFICE**

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

☐ Write-in candidate

SUPERVISOR OF ELECTIONS  
2018 APR 30 PM 12:24

OFFICE USE ONLY

**Candidate Oath**

(Section 105.031, Florida Statutes)

I, Kathleen Mary "Katie" McHugh

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of County Court Judge, 17,  
(Office) (District #) (Circuit #)

6 ; my legal residence is Broward County, Florida; I am a qualified elector  
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the 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 with the office I seek; and I have resigned from any office 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.

**Section 876.05, Florida Statutes, oath** (only applicable if elected and when term of office begins): I, 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.

**Candidate's Florida Voter Registration Number** (located on your voter information card): 101621054

**Phonetic spelling for audio ballot:** Print 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 2 of this form): [Not applicable to write-in candidates.]

K aeth I EEN m EH r ee "K Ai t ee" m uh k y oo

**X** 

( 954 ) 831-7489

k1mchugh@aol.com

**Signature of Candidate**

Telephone Number

Email Address

201 SE 6th Street #10133

Fort Lauderdale

Florida

33301

Address

City

State

ZIP Code

**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 this 24th  
day of April, 2018.

Personally Known: ☒ or Produced Identification: ☐

Type of Identification Produced: \_\_\_\_\_



ROCHELLE SKOFSTAD  
MY COMMISSION # GG 052860  
EXPIRES: January 17, 2021  
Bonded Thru Budget Notary Services

2018 APR 24 PM 4:22

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

ROCHELLE SKRISTAD  
BY COMMISSIONER & JO GARRARD  
EXPIRES: JANUARY 17, 2021  
Sealed this 24th day of April, 2018

