

CANDIDATE OATH

STATE AND LOCAL PARTISAN OFFICE

Check applicable one:

- Candidate with party affiliation
- Candidate with no party affiliation
- Write-in candidate

2020 JUN -8 PM 12:38

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, MICHAEL UDINE

(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 office of Broward County Commissioner, 3, _____
(Office) Broward (District #) (Circuit #)

; my legal residence is 7733 Mulvanna Lane Pkwy Broward County, Florida; I am a qualified elector
(Group or Seat #)

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.

Statement of Party

(Section 99.021(1)(b), Florida Statutes)

(Complete Statement of Party only if you are seeking to qualify for nomination as a party candidate.)

I am a member of the Democratic Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

Candidate's Florida Voter Registration Number (located on your voter information card): 101 875 817

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.]

MICHAEL YOU-DEEN

X	<u>(954) 258-4397</u>	<u>michael@udinelaw.com</u>
Signature of Candidate	Telephone Number	Email Address
<u>7733 Mulvanna Lane</u>	<u>Parkland</u>	<u>FL 33076</u>
Address	City	State ZIP Code

STATE OF FLORIDA
COUNTY OF BROWARD

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or online presence this 1 day of June, 2020.

Personally Known: or Produced Identification: _____
Type of Identification Produced: _____



OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

83395

PROCESSED

FLORIDA COMMISSION ON ETHICS

MAY 20 2020

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Udine Michael I

MAILING ADDRESS:

7733 Marvanna Lane

Parkland FL 33076 Broward

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Broward County Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Comm Dist 3

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of Dec 31, 2019 was \$ See attached

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is \$ See attached

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See attached

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See attached

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See attached

PART D -- 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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
ALCOHOL INS. CO	INSURANCE	not known	insurance
Lightly Mutual	INSURANCE	not known	insurance

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Lacey Bank of FL		
ADDRESS OF BUSINESS ENTITY	2300 Glades Rd. #40	Bea-Raton FL 33431	
PRINCIPAL BUSINESS ACTIVITY	Community Banking		
POSITION HELD WITH ENTITY	Director		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	Shareholder 3%		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

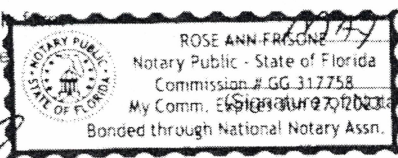
STATE OF FLORIDA
 COUNTY OF Broward

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete.

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14 day of

2020 by MICHAEL VOINE

[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



[Handwritten Signature]
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
 Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____ prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

RECEIPT

DATE June 2nd 2020 No. 378674

RECEIVED FROM

Michael J dine

\$6660.36

Two Thousand Sixty Six 36/100 DOLLARS

Qualifying Fee

DEPUTY OF SUPERVISOR OF REGISTRATION

ACCOUNT

121

CASH

PAYMENT

6660.36

CHECK

BAL. DUE

MONEY ORDER

CREDIT CARD

FROM

DEPUTY OF SUPERVISOR OF REGISTRATION

TO

BY

[Signature]