CANDIDATE OATH – JUDICIAL OFFICE

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

SUPERVISOR OF ELECTIONS

Write-in candidate	2022 APK 25 PM 4: DU
vvnite-in candidate	OFFICE USE ONLY
Candidat	te Oath
(Section 105.031, F	Florida Statutes)
ı, Kal Evans	,
	. If your last name consists of two or more names but has no
hyphen, check box [] (see page 2 - Compound Last N	lames). 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 Judge	○ , 17 ,
	(Office), (District #), (Circuit #)
2 ; my legal residence is Broward	County, Florida; I am a qualified elector
(Group #)	
	which I seek election; I am qualified under the Constitution and
the Laws of Florida to hold the judicial office to which I de	esire 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 w	which office or any part thereof runs concurrent with the office I ed to resign pursuant to Section 99.012, Florida Statutes; and I
will support the Constitution of the United States and the Con	estitution of the State of Florida.
Section 876.05, Florida Statutes, oath (only applicable if e	elected and when term of office begins): I, a citizen of the State
of Florida and of the United States of America, and being el	mployed by or an officer of the court system and a recipient of
	and a company on affirms that I will assumed the Constitution of the
public funds as such employee or officer, do hereby solen	nnly swear or affirm that I will support the Constitution of the
public funds as such employee or officer, do hereby solen United States and of the State of Florida.	nnly swear or affirm that I will support the Constitution of the
public funds as such employee or officer, do hereby solen United States and of the State of Florida.	nnly swear or affirm that I will support the Constitution of the
public funds as such employee or officer, do hereby solen United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on y	your voter information card):
public funds as such employee or officer, do hereby solen United States and of the State of Florida. Candidate's Florida Voter Registration Number (located on your Phonetic spelling for audio ballot: Print name phonetically	your voter information card): 102111520 on the line below as you wish it to be pronounced on the audio
Phonetic spelling for audio ballot: Print name phonetically ballot as may be used by persons with disabilities (see instruction).	your voter information card):
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General Information

Name:

Hon Kal Le Var Koble Evans

Address:

100 North Pine Island Rd Suite 270, USA, Plantation, FL 33324

County:

Broward

AGENCY INFORMATION

Organization

Suborganization

Title

Judicial Circuit (17Th)

Elected Constitutional Officer

County Judge

CANDIDATE FOR

Position

Agency Name

Position sought or held

County Judge

State of Florida 17th Judicial Circuit

County Court Judge Group 2

Net Worth

My Net Worth as of December 31, 2021 was \$ 706,436.68.

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 \$143,357.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset	
Life Insurance Policy- Securian Life	\$ 504,131.00	
Life Insurance Policy- American National	\$ 3,952.24	
Checking Account - Wells Fargo	\$ 56,324.27	
Retirement Plan- State of Florida- Voya	\$ 13,465.12	
Florida Prepaid College Fund	\$ 9,900.00	
FRS Retirement- State of Florida	\$ 20,923.00	
City of Miami Retirement	\$ 1,018.99	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navient (School Loan)	PO Box 9000 Wilkes-Barre, PA 18773-9000	\$ 54,977.25
Nelnet (School Loan)	PO Box 82561 Lincoln, NE 68501-2561	\$ 14,022.69

JOINT AND SEVERAL LIABILITEIS 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.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida	201 SE 6th St. Ft. Lauderdale FL 33301	\$ 156,377.00

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

Business Entity	Major Sources of Business Income	Address	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 filing and that the facts stated in it are true.

Kal Evans

Digitally signed: 4/24/2022

Filed with COE: 04/24/2022

RECE	IPT DATE	April 3	5, 2022 No	279146
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SUPERVISOR OF ELECTIONS

2022 APR 25 PM 4: 09