

**CANDIDATE OATH
JUDICIAL OFFICE**

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

Write-in candidate

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APR 08 2024

DUVAL COUNTY ELEC.
By OK

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Dawn K. Hudson

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 #)

04 (Circuit #), 17 (Group or Seat #); my legal residence is Duval 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] Telephone Number [Redacted] Email Address [Redacted]

Address of Legal Residence [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]

STATE OF FLORIDA

COUNTY OF Duval

[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 8 day of April, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: FL Driver Lic



CIERRA ALEXUS M FACKLER
Commission # HH 422514
Expires July 17, 2027

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DUVAL COUNTY ELEC.
By _____

JUDGE DAWN KUHLMY HUDSON
CAMPAIGN ACCOUNT
C/O BRIAN KELLY
3821 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

DATE 4-8-2024

Pay to the order of Supervisors of Elections \$ 7224.64

Seven thousand two hundred twenty four and 64/100 DOLLARS

FLC Bank
Florida Capital Bank, N.A.
800.318.3159

Brian Kelly MP

ANTIQUE

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/01/2024

General Information

Name: Hon Dawn Kuhlmeiy Hudson

CONFIDENTIAL

Address:

[REDACTED]

[REDACTED]

County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (4Th)	Elected Constitutional Officer	County Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Judge	4th Judicial Circuit	County Judge

Net Worth

My Net Worth as of March 21, 2024 was \$ 4,779,981.84.

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DUVAL COUNTY ELEC.
By OF

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/01/2024

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 \$ 329,764.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence (address not subject to disclosure pursuant to 119.071(4)(d))	\$ 2,378,300.00
I.R.A. Ameriprise Financial, 4651 Salisbury Road #275, Jax. FL. 32256	\$ 921,855.80
Non Qualified Brokerage Account, Ameriprise Financial, 4651 Salisbury Road #275, Jax. FL. 32256	\$ 519,084.12
State of FL. Retirement Acct Cash Balance-American 2040 Target Date- Deferred Compensation, Corebridge Financial, 2919 Allen Parkway, Woodson Tower 9th Floor, Houston, TX 77019	\$ 414,911.67
Bank of America, Cash Balance, 301 N. Third St., Neptune Beach, FL 32266	\$ 108,418.04
Investment Plan, FRS 2040 Retirement Fund, State of FL, Florida Retirement System, Tallahassee, FL.	\$ 107,648.21

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/01/2024

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		

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
State of Florida Salary	200 East Gaines Street, Tallahassee, FL	\$ 172,015.00

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.

Dawn KuhlmeY Hudson

Digitally signed: 04/01/2024

Filed with COE: 04/01/2024