

**CANDIDATE OATH -
JUDICIAL OFFICE**

*18APR16AM1158 SOE Lee Co Fl

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

☐ Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Devin S. George

(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 Lee County Judge

(Office)

(District #)

(Circuit #)

3 ; my legal residence is Lee 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): 114644809

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.]*

X [Redacted] [Redacted] electdevingearge@gmail.com

Signature of Candidate

Telephone Number

Email Address

P.O. Box 717

Fort Myers

FL

33902-0717

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Lee

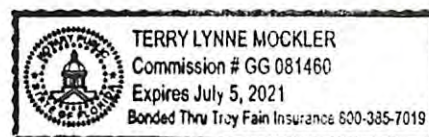
Terry Lynne Mockler
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 1st
day of March, 2018.

Personally Known: X or Produced Identification: _____

Type of Identification Produced: _____



FOR OFFICE USE ONLY:

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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
State of Florida	200 E Gaines St., Tallahassee, FL 32399	127,000
Cellular Sales of Knoxville	9040 Executive Park Dr., Knoxville, TN 7923	143,000

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
na	na	na	na
na	na	na	na

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	na	na	na
ADDRESS OF BUSINESS ENTITY	-	-	-
PRINCIPAL BUSINESS ACTIVITY	-	-	-
POSITION HELD WITH ENTITY	-	-	-
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	-	-	-
NATURE OF MY OWNERSHIP INTEREST	-	-	-

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

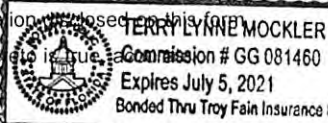
STATE OF FLORIDA
COUNTY OF Lee

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation

Sworn to (or affirmed) and subscribed before me this 1st day of

and say that the information disclosed on this form and any attachments hereto is true, correct, and complete.

march, 20 18 by Devin S. George



Terry Lynne Mockler
(Signature of Notary Public--State of Florida)

Terry Lynne Mockler
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

OR CANDIDATE

Type of Identification Produced _____

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 ☐