

**CANDIDATE OATH –  
SCHOOL BOARD  
NONPARTISAN OFFICE**

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

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Jon Larsen Shudlick

(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.)

I am a candidate for the nonpartisan office of Lee County School Board, 5,  
(Office) (District #)

, \_\_\_\_\_; I am a qualified elector of Lee County, Florida;  
(Circuit #) (Group or Seat #)

I am qualified 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.

**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 school board 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): 111651200

**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.]

Shudlick SHUD uh (FUHJ) fudge lick

Jon Larsen Shudlick 239 218-4028 shud21@comcast.net  
Signature of Candidate Telephone Number Email Address

5558 Palm Beach Blvd. Lot 108 Fort Myers, FL 33905  
Address City State ZIP Code

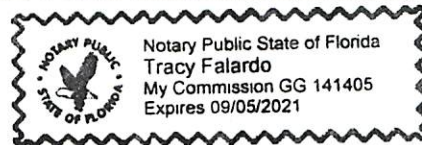
STATE OF FLORIDA  
COUNTY OF Lee

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

Sworn to (or affirmed) and subscribed before me this 19th  
day of JUNE, 2018.

Personally Known:  or Produced Identification: \_\_\_\_\_

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





# LEE COUNTY ELECTIONS

(239) LEE-VOTE (533-8683)

www.lee.vote

QUALIFICATION CONFIRMATION	
CANDIDATE	Jon Larsen Shudlick
OFFICE	Lee Co School Dist 5
<input type="checkbox"/> YES <input type="checkbox"/> N/A	DSDE 9 Appointment Treasurer/completeness/signed/dated
<input type="checkbox"/> YES <input type="checkbox"/> N/A	DSDE 84 Statement of Candidate/completeness/signed/dated
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Affidavit of Intent—Special District Candidates Only/completeness/signed/dated
<input type="checkbox"/> YES <input type="checkbox"/> DECLINED	Text Messaging Service Agreement
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Canvassing Board Meeting Schedules/signed/dated
<input type="checkbox"/> YES <input type="checkbox"/> N/A	CFR System Affidavit/completeness/signed/dated
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Candidate Oath/proper form/completeness/signed/dated/notarized
<input type="checkbox"/> YES <input type="checkbox"/> N/A	Candidate Oath/Lee Memorial Health System/completeness/signed/dated/notarized
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Form 1 or Form 6 Financial Disclosure/completeness/signed/dated/notarized-if required
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Candidate Petition Method—filing fee waived if SOE has certified as <i>successful</i>
<input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A	Filing Fee Payment—Verify amounts/numerical and written/must not be less than fee
CONFIRMATION ISSUED BY	
<input checked="" type="checkbox"/> Cheryl Futch <input type="checkbox"/> Tammy Lipa <input type="checkbox"/> Bernie Feliciano	Date: 6-19-18

Your candidate-qualifying process is complete. The Lee County Supervisor of Elections Office is in receipt of all required candidate-qualifying documents. Questions or concerns regarding candidate-qualifying can be addressed by contacting:

Cheryl Futch, Qualifying Officer	239-533-6311	cfutch@lee.vote
Tammy Lipa, Administration Support Specialist	239-533-6329	tlipa@lee.vote
Bernie Feliciano, Chief Deputy, Administration	239-533-6304	bfeliciano@lee.vote

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

**OF FINANCIAL INTERESTS**

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Shudlick Jon Larsen

MAILING ADDRESS:

5558 Palm Beach Blvd. Lot 108

CITY:

Fort Myers

ZIP:

33905

COUNTY:

Lee

NAME OF AGENCY:

Lee County School Board District 5

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County School Board District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

1-10-17 10:57 AM TAPES STORED IN MP11

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 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 May 31, 2018 was \$ 156,688.27.

**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 \$ 70,000.00

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home-5558 Palm Beach Blvd. Lot 108 Fort Myers, FL	\$ 120,000.00
Lot-5558 Palm Beach Blvd. Lot 108 Fort Myers, FL 33905	\$ 27,000.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sun-N-Fun Mobile Home Park 5558 Palm Beach Blvd. Fort Myers, FL (Home) 33905	\$ 23,355.04
Sun-N-Fun MHO 5558 Palm Beach Blvd. Fort Myers, FL	\$ 11,877.95
Ford Motor Co. P.O. Box 6230 Dearborn, MI 48121	\$ 25,078.74
<b>JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:</b>	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	

**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
Social Security Benefits	Social Security Administration 600 W. Madison St. Chicago, IL 60661	\$ 16,716.00

**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		

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	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**

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.

STATE OF FLORIDA  
 COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 19th day of

JUNE, 2018 by Jon Larson Shudlick

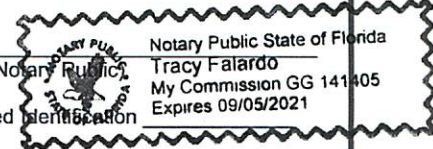
[Signature]  
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public, Tracy Falardo

Personally Known  OR Produced Identification  My Commission GG 141405 Expires 09/05/2021

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

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



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**