

**OF FINANCIAL INTERESTS**

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

FOR OFFICE USE ONLY:

243719

LAST NAME — FIRST NAME — MIDDLE NAME:  
**McHugh Kathleen Mary** ID No. 243719

MAILING ADDRESS:  
 201 S.E. 6th Street  
 Room 10133

CITY : ZIP : COUNTY :  
**Fort Lauderdale 33301 Broward**

NAME OF AGENCY :  
**Judicial Circuit (17th)**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**Elected Constitutional Officer/County Court Judge**

CHECK IF THIS IS A FILING BY A CANDIDATE

**PROCESSED**

FLORIDA  
 COMMISSION ON ETHICS

JUN 22 2020

RECEIVED

**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 December 31st, 20 19 was \$ 1,070,000.

**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 \$ 5,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home, Fort Lauderdale, FL 33301	\$400,000
Rental Properties - 1405 Miami Rd & 1050 SE 15 St. Ft. Lauderdale, FL 33316	\$300,000
TD Ameritrade SEP, Roth, 401K and Deferred Compensation with Voya	\$260,000
TDA and Suntrust Personal Account	\$105,000

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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
State of Florida Salary	State of Florida, 200 E Gaines St., Tall, FL	\$149,722
Rental Income	1405 Miami Rd., 1050 SE 15 St., Ft. Laud	\$30,00

**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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO 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.

*[Handwritten Signature]*

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA  
 COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 11th day of

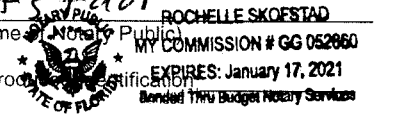
June, 2020 by Kathleen McHugh

Rochelle Skofstad  
 (Signature of Notary Public--State of Florida)

Rochelle Skofstad  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Production of 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**

PROCESSED 243719

FLORIDA  
COMMISSION ON ETHICS  
JUN 22 2020

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers  
of Fees and Charges

RECEIVED

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Kahtleen McHugh Work Telephone: 954-831-7489

Work Address: 201 SE 6 St #10133, Ft. Laud. Judicial Office Held: Cnty Crt Judge

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	N/A		\$
			\$
			\$
			\$

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE
	N/A	

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

**OATH**

State of Florida

County of Broward

I, Kathleen McHugh, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Reporting Official)

Rochelle Skofstad  
(Signature of Officer Authorized to Administer Oaths)

My Commission expires \_\_\_\_\_



ROCHELLE SKOFSTAD  
MY COMMISSION # GG 052860  
EXPIRES: January 17, 2021  
Bonded Thru Budget Notary Services

Sworn to and subscribed before me this

11th day of June, 2020