

2009

PROCESSED
IDENTICAL

1. The first group of respondents (100) was selected from the first 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The second group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The third group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The fourth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The fifth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The sixth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The seventh group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The eighth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The ninth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months. The tenth group of respondents (100) was selected from the next 1000 respondents to the survey. This group was used to estimate the proportion of respondents who had used the service in the last 12 months.

207779

C

P. Req. Code

Lagoa , Barbara

My net worth as of December 31, 2009 was \$ 716,755.15

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PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2009 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☐ I elect to file a copy of my 2009 federal income tax return [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	200 East Gaines Street, Tallahassee	\$151,608.42

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

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

	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			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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 Miami-Dade

Sworn to (or affirmed) and subscribed before me this 24th day of

June, 20 10 by Barbara Lagoa

Tracy Kelliher Verre
(Signature of Notary Public, State of Florida)

Notary Public State of Florida
Tracy Kelliher Verre
My Commission DD680731
Expires 08/30/2011

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

ATTACHMENT A

<u>Description of Asset</u>	<u>Value of Asset</u>
Stock (America Movil)	\$ 1,218.33
Stock (Barrick Gold)	1,448.48
Stock (G.E.)	1,190.75
Stock (Intel)	1,066.45
Stock (McDonald's Corp.)	5,541.92
Stock (Noble Corp.)	1,864.06
Stock (Philip Morris, Int'l)	5,523.06
Stock (Starbucks)	1,729.50
401 (K) (Fed. Emp. Retirement Sys.)	67,454.81
IRA (Ameritrade)	46,857.10
Cash Account (Ameritrade)	213.67

COMMISSION ON ETHICS
DATE RECEIVED
JUN 28 2010

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A
Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

NAME: Barbara Lagoa TELEPHONE: (305)229-3200 ext. 3224

ADDRESS: 2001 S.W. 117th Avenue; Miami, Florida 33175-1716

POSITION HELD: Judge, Third District Court of Appeal

Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

Source

PROCESSED

NONE

CONFIDENTIAL

I certify that the foregoing list is complete, true and correct.

JUDGE
OATH

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2010
by Barbara Lagoa (name of person making statement).

(NOTARY SEAL)

Tracy Kelliher Verrine
(Signature of Notary Public State of Florida)
Notary Public State of Florida
Tracy Kelliher Verrine
My Commission DD680731
Expires 08/30/2011
(Name of Notary Public - Typed, Printed or Stamped)

Personally Known ☒ OR Produced Identification ☐
Type of Identification
Produced

[ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION]