# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

RE OF 2009

FOR OFFICE USE ONLY: COMMISSION ON ETHIC.

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PROCESSED CONFIDENTIAL

ID Code

C

ID No.

207779

Conf. Code

P. Req. Code

Lagoa , Barbara

CHECK IF THIS IS A FILING BY A CANDIDATE

#### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note Net worth is not calculated by subtracting your *reported* assets, so please see the instructions on page 3.]

My net worth as of <u>December 31</u>, 20 <u>09</u> was \$ <u>716,755.15</u>

#### 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

The aggregate value of my household goods and personal effects (described above) is \$175,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House -	\$800,000.00
Bank Accounts (Citibank)	188,851.44
Credit Union (University Credit Union	3,079.78
Stock (Altria)	1,811,48
(continued on attached sheet)	

## PART C -- LIABILITIES

LIABILITIES	IN	<b>EXCESS</b>	OF	\$1	,000:
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NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY	
Wells Fargo Home Mortgage; P.O. Box 660455, Dallas, TX 75266-0455	\$406,149.49	
Wells Fargo Equity Account; P.O. Box 54780, L.A. CA 90054-0780	143,850.51	
Honda Financial Services; P.O. Box 105027, Atlanta, GA 30348-5027	21,096.15	

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

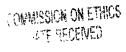
NAME AND ADDRESS OF THE ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		PART D -	- INCOME		
			eturn, including all attachments, <b>OR</b> (ondary sources of income, by comple		
l elect to file a copy of my the remainder of Part D ]	2009 federal income tax retu	rn [If you ched	ck this box and attach a copy of your	2009 tax retur	rn, you need not complete
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCO		1	ADDRESS OF SOURCE OF INCOME	=	AMOUNT
State of Florida	WIL EXCELDING \$1.000		st Gaines Street, Talla		\$151,608.42
	· · · · · · · · · · · · · · · · · · ·				,
SECONDARY SOURCES OF IN	COME [Major customers, clien	nts, etc., of bus	sinesses owned by reporting person-	see instruction	ns]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR : OF BUSINESS' I		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	Or BOOMLEON	ITOONIL	OF OOOROE		KOTTOT GOORGE
	DATOE E XIVE	EDECTO IN	CDECLERED DISCHIEGGES		
	PART E - INT BUSINESS ENTITY		SPECIFIED BUSINESSES BUSINESS ENTITY # 2	l BU	ISINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		DOUNTED LITTIT # 2		ON LOCAL TO A CONTROL OF THE CONTROL
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
POSITION HELD					
I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS NATURE OF MY					
OWNERSHIP INTEREST				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
IF ANY OF PARTS	A THROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PL	EASE CHE	ECK HERE
$\mathbf{O}^{\mathbf{A}}$	TH	STA	TE OF FLORIDA		
<b>O</b> E		COL	UNTY OF Miami-Dade		0)40
I, the person whose name appea		Swo	orn to (or affirmed) and subscribed be	fore me this _	day of
beginning of this form, do depose			- 10 .	Raghan	1 / 11000
and say that the information disci and any attachments hereto is true			June , 20 10 by _	DHICOAN I	ra Lagoa
and complete.	, accurate,		Mu Hallet	lessin.	<b>.</b> % <b>.</b>
	. 0	(Sig	nature of Notary Public State of Flor	Purolic State of	Florida
h	for 11	_	<b>)</b> ⅓ <b>₹</b> My Co	Kelliher Verrire mmission DD68	0731
11 SAT 1	VALANO 16	(Pri		s 08/30/2011 <b>No. of Motorx</b>	Publicu. \$
SIGNATURE OF REPORTING	FFICIAL OR CASE DAYE	Pen	sonally Known OR F	roduced iden	tification
	<u>U</u>	Тур	e of Identification Produced		
FILING INSTRUCTIONS for v	when and where to file thi	s form are lo	ocated at the top of page 3.		
INSTRUCTIONS on who mus OTHER FORMS you may nee	t file this form and how t	o fili it out b	egin on page 3.		

CE FORM 6 - Eff. 1/2010 PAGE 2

# **ATTACHMENT A**

Description of Asset	Value of Asset
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 (Ámeritrade)	213.67



### <u>IUDICIAL QUALIFICATIONS COMMISSION FORM 6A</u> Canon 6B(2), Code of Judicial Conduct

11 N 2 8 20 11

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

Judicial Conduct.	
NAME: Barbara Lagoa	TELEPHONE:(305)229-3200_ext. 32
ADDRESS: 2001 S.W. 117th Ave	enue; Miami, Florida 33175-1716
POSITION HELD: Judge, Third I	District Court of Appeal
Please identify all gifts you received o \$100.00, as required by Canon 5D(5) a	during the preceding calendar year of a value in excess of and Canon 6B(2) of the Code of Judicial Conduct.
Source	ROCESSED
NONE	A
	CONFIDENTIAL
I certify that the foregoing list is com	plete, true and correct.  JUDGE STATE
STATE OF FLORIDA COUNTY OFMIAMI_DADE	
Sworn to (or affirmed) and subscribe by Barbara Lagoa	ed before me this 24 day of <u>June</u> , 2010, (name of person making statement).
_	Signatuse of Notary Tublic-State of Florida  Notary Public State of Florida  Tracy Kelliher Verrire  My Commission DD680731  Expires 08/30/2011  Name of Notary Public - Typed Printed or Stamped)
	oduced Identification
[ORIGINAL OF THIS FORM FILED WITH HUDICIAL OUALIFICATION	WITH COMMISSION ON ETHICS; COPY FILED