

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2012

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Lagoa, Barbara

MAILING ADDRESS:

2001 SW 117th Avenue

Third District Court of Appeal

CITY:

ZIP:

COUNTY:

Miami

33175-1716

Miami-Dade

NAME OF AGENCY:

Third District Court of Appeal

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Judge, Elected Constitutional Officer

CHECK IF THIS IS A FILING BY A CANDIDATE ☐COMMISSION ON ETHICS
DATE RECEIVED

JUN 24 2013

CONFIDENTIAL

PROCESSED

207779

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, 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 31, 20 12 was \$ 658,000.00

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 page 4)	VALUE OF ASSET
House [REDACTED]	\$1,364,000.00
Bank Account (Citibank)	\$102,409.82
Credit Union (University Credit Union)	\$2,073.74
401(k) (Fed. Emp. Retirement System)	\$71,731.22

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Power Financial Credit Union (Mortgage); 2020 N.W. 150th Ave. Pembroke Pines, FL 33028	\$829,714.77
Honda Financial Services; P.O. Box 105027; Atlanta, GA 30348-5027	\$22,342.05

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and 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 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 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 East Gaines St., Tallahassee, FL	\$150,076.92

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			
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

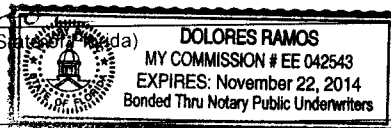
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 21st day of

June, 20 13 by Barbara Lagea

Dolores Ramos
 (Signature of Notary Public--State of Florida)



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

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Description of Asset

Value of Asset

IRA (Ameritrade)

\$32,426.22

CONFIDENTIAL

COMMISSION ON ETHICS
DATE RECEIVED

JUN 24 2013

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. 117 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.

<u>Source</u>	<u>Value</u>
NONE	

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

Barbara Lagoa
JUDGE

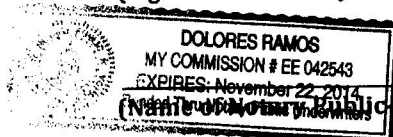
OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 21st day of JUNE, 2013
by Barbara Lagoa (name of person making statement).

(NOTARY SEAL)

Dolores Ramos
(Signature of Notary Public-State of Florida)



(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)