

201179

<b>FORM 6</b>	<b>FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST</b>	<b>2013</b>	
Please print or type your name, mailing address, agency name, and position below:		FOR OFFICE USE ONLY:	
LAST NAME — FIRST NAME — MIDDLE NAME: Lagoa, Barbara		<div style="font-size: 2em; font-weight: bold;">CONFIDENTIAL</div> <div style="margin-top: 10px;">             FLORIDA              COMMISSION ON ETHICS              APR 15 2014              RECEIVED              PROCESSED           </div>	
MAILING ADDRESS: 2001 S.W. 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 <input checked="" type="checkbox"/>			

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, 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 March 31, 20 14 was \$ 1,005,000.00

**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 \$ \$100,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House [REDACTED]	\$1,532,000.00
Bank Accounts (Citibank)	\$196,789.99
Credit Union (University Credit Union)	\$1,423.68
401(k) (Fed. Emp. Retirement System)	\$73,557.97
2003 BMW 328i	\$4,000.00

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Citibank (Mortgage); P.O. Box 689196, Des Moines, IA 50368	\$865,668.21
Honda Financial Services; P.O. Box 105027, Atlanta, GA 30348-50127 (2013 Honda Odyssey)	\$10,512.00

**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 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2013 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 Street, Tallahassee, FL	\$151,858.47

**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 14th day of

April, 2014 by Barbara Lagoa  
Dolores Ramos  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Expires Date of Notary Public Underwriters)  
**DOLORES RAMOS**  
MY COMMISSION # EE 042543  
EXPIRES: November 22, 2014

Personally Known ☒ OR Produced Identification ☐

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

Barbara Lagoa  
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.**

ATTACHMENT A

20779  
**CONFIDENTIAL**

Description of Asset

Value of Asset

IRA (Ameritrade)

\$18,377.80

# CONFIDENTIAL

207779  
FLORIDA  
COMMISSION ON ETHICS

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

APR 15 2014

RECEIVED

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: Third District Court of Appeal, 2001 SW 117 Avenue, Miami FL 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.

PROCESSED

Source	Value
<u>NONE</u>	

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

JUDGE BARBARA LAGOA

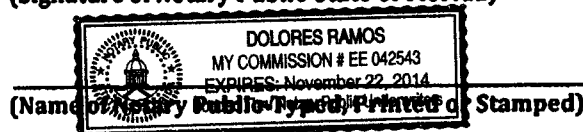
OATH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 14th day of April, 2014,  
by Barbara Lagoa (name of person making statement).

(NOTARY SEAL)

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



Personally Known ☒ OR Produced Identification ☐  
Type of Identification  
Produced \_\_\_\_\_

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL QUALIFICATIONS COMMISSION)