

CONFIDENTIAL

FORM 6**FULL AND PUBLIC DISCLOSURE****2015**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUN 24 2016

RECEIVED

207779

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

LAGOA, BARBARA

MAILING ADDRESS:

2001 S.W. 117th Avenue

CITY:

Miami

ZIP:

33175

COUNTY:

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 ☐**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2015 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, 2015 was \$ 1,281,009.85.

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 \$ 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]	\$2,850,000.00
Bank Accounts (CitiBank)	\$ 273,216.39
401 (K) (Federal Employment Retirement System)	\$ 77,139.39

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Seaside National Bank, 201 South Orange Avenue, Orlando, FL 32801	\$1,980,424.45
Honda Financial Services, P.O.Box 1027, Atlanta, GA 30009-1027	\$ 13,921.48

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2015 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, Florida	\$154,140.00

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

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			

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.

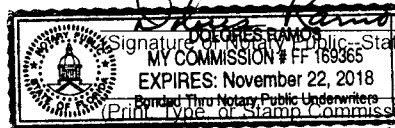
OATH

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.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of

June, 2016 by Barbara Lagoa



Signature of Notary Public, State of Florida)

MY COMMISSION # FF 169365
EXPIRES: November 22, 2018

(Print Type of Stamp Commissioned Name of Notary Public)

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.

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

CONFIDENTIAL

207779
FLORIDA
COMMISSION ON ETHICS
JUN 24 2016

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

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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 x3224

ADDRESS: Third District Court of Appeal, 2001 SW 117 Avenue, Miami, FL 33175-1716

POSITION HELD: Appellate Judge

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>
<u>None</u>	<u></u>
<u>None</u>	<u></u>
<u>None</u>	<u></u>
<u>None</u>	<u></u>
<u>None</u>	<u></u>

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

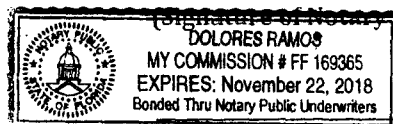
Barbara Lagoa
JUDGE

OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of June, 2016,
by Barbara Lagoa (name of person making statement).

(NOTARY SEAL)



(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)