

CONFIDENTIAL

FORM 6		FULL AND PUBLIC DISCLOSURE	2017
<small>Please print or type your name, mailing address, agency name, and position below:</small>		OF FINANCIAL INTERESTS	
LAST NAME — FIRST NAME — MIDDLE NAME: <u>Lagoa, Barbara</u>		<div>207779</div> <div>FLORIDA COMMISSION ON ETHICS</div> <div>JUN 27 2018</div> <div>RECEIVED PROCESSED</div>	
MAILING ADDRESS: <u>2001 SW 117 Avenue</u>			
CITY: <u>Miami</u> ZIP: <u>33175</u> COUNTY: <u>Miami-Dade</u>			
NAME OF AGENCY: <u>Third District Court of Appeal</u>			
NAME OF OFFICE OR POSITION HELD OR SOUGHT: <u>Judge</u>			
CHECK IF THIS IS A FILING BY A CANDIDATE <input type="checkbox"/>			
PART A -- NET WORTH			
Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]			
My net worth as of <u>May 31</u> , 20 <u>18</u> was \$ <u>1,153,265.00</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, whether owned or leased.			
The aggregate value of my household goods and personal effects (described above) is \$ <u>100,000</u>			
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:			
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)			VALUE OF ASSET
House: [REDACTED]			\$ 2,800,000.00
Bank Accounts (Citibank)			\$ 170,996.43
401(K) (Federal Employment Retirement System)			\$ 80,396.72
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			\$1,894,089.00
Honda Financial Services, P.O. Box 1027, Alpharetta, GA 30009-1027			\$ 4,041.72
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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2017 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	\$157,993.50

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 25TH day of

June, 20 18 by Barbara Lagoa

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X

Type of Identification Produced

MICHELLE H. EDELSTEIN
Notary Public - State of Florida
Commission # FF 906770
My Comm. Expires Nov 29, 2019
Bonded through National Notary Assn.

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
PROCESSED

FLORIDA
COMMISSION ON ETHICS

JUN 27 2018

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

RECEIVED

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts, reimbursements or direct payments of expenses, and waivers of fees or charges accepted during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: Barbara Lagoa Work Address: 2001 SW 117 Ave., Miami, FL 33175

Work Telephone: 305-229-3200 Judicial Office Held: Appellate Judge

1. Please identify all reportable gifts you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
	NONE		NONE
	NONE		NONE
	NONE		NONE
	NONE		NONE

☐ Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived)	SOURCE
	NONE	NONE
	NONE	NONE
	NONE	NONE
	NONE	NONE

☐ Check here if continued on separate sheet


OATH

State of Florida
County of Miami-Dade

I, Barbara Lagoa, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

Barbara Lagoa
(Signature of Reporting Official)

Michelle H. Edelstein
(Signature of Officer Authorized to Administer Oaths)

My Commission expires
Sworn to by me this
**MICHELLE H. EDELSTEIN**
Notary Public - State of Florida
Commission # EF 906770
My Comm. Expires Nov 29, 2019
Bonded through National Notary Assn.

3/18 (As prescribed by Canon 6B(2))

June 2, 2018