FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2019

FOR OFFICE USE ONLY:

PROCESSED

Judicial Circuit (17Th)-Elected Constitutional Officer

FLORIDA **COMMISSION ON ETHICS**

JUN 22 2020

RECEIVED

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********AUTO**ALL FOR AADC 331 T2 P3 27 188

HON FLORENCE TAYLOR BARNER, COUNTY COURT JUDGE **BROWARD COUNTY COURTHOUSE**

201 SE 6TH ST RM 13133 FORT LAUDERDALE FL 33301-3303 **ID CODE**

ID NO.

208199

CONF. CODE

Barner, Florence Taylor

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, 2019 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 an page 3.]

My net worth as of 300, 20 30 was \$

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.

50,000,00

The aggregate value of my nousehold goods and personal effects (described above) is \$ _	000
CONTO INDIVIDUAL LY MALLIED AT OMED \$4,000.	

ASSETS INDIVIDUALLY VALUED AT OVER \$1.000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Trust Acct. For mirrorinild #3 Sovinto

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

PO BOX 5 3021C, Atlanta, GA 30353-001

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

CE FORM 6 - Effective January 1, 2020 Incorporated by reference in Rule 34-8.002(1), F.A.C.

		PART D -	- INCOME	a a
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 2019 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 [If you check this box and	2019 federal income tax re attach a copy of your 2019	turn and all W2 tax return, you	's, schedules, and attachments. need not complete the remainder of l	Part D.]
PRIMARY SOURCES OF INCOM	IE (See instructions on pa	ge 5):		
NAME OF SOURCE OF INCO	ME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E AMOUNT
State Official		Tallar	nosce, Fl	151,832,0
	A			
SECONDARY SOURCES OF INC	COME [Major customers, cli	ents, etc., of bu	sinesses owned by reporting person-	-see instructions on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NA		<u></u>	OT COOKEE	ACTIVITION SCORE
PA	RT E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions on	1 nago 6]
171	BUSINESS ENTITY :		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA			200200 2.11111 11 0
ADDRESS OF	1413		Pro A. Jan.	
BUSINESS ENTITY PRINCIPAL BUSINESS	···	-,		
ACTIVITY POSITION HELD				
I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
		PART F - 1	FRAINING	
For officers	required to complete	annual ethic	cs training pursuant to section	112.3142, F.S.
	CERTIFY THAT I H	AVE COMP	PLETED THE REQUIRED	TRAINING.
OATH STATE OF FLORIDA				
I, the person whose name appea		COUNT Sworn t	Y OF Processory o (or affirmed) and subscribed before	a me by means of
beginning of this form, do depose on oath or affirmation Applysical presence or online notarization, this 17th day of				
and say that the information disclosed on this form June , 2020 by Florence Town				
and any attachments hereto is true, accurate,				
and complete.		(Signatu	ing - Type gar, I want to take again to had	
Aloung	000	Print T	pe, or Stamp Commissioned Name	YVETTE TOMKINS DOM: Otary Commission # GG 354628
-1/400 <i>//////////////////////////////////</i>		,		Expires August 30, 2023
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE			EXCECT TO BROKEN THE STANDARD NOTARY Services
		Type of	Identification Produced	
If a certified public accountant lies she must complete the following	censed under Chapter 473 statement	3, or attorney i	n good standing with the Florida B	ar prepared this form for you, he or
I,		. prepared th	ne CE Form 6 in accordance with A	art II Sec. 8 Florida Constitution
Section 112.3144, Florida Statut and correct.	es, and the instructions to	the form. Upo	on my reasonable knowledge and b	pelief, the disclosure herein is true
Signature				Date
•	a CPA or attorney de	es not reliev	ve the filer of the responsibility	y to sign the form under oath.
				EASE CHECK HERE

Continuation of Assets Part B: Assets Worth More That \$1,000.00

Continuation of Assets Par	t B: Assets Wo
Northwestern Mutual	
NW Mutual IRA: Fidelity VIP Contrafund-B	\$5,414.61
NW Mutual IRA: Focused Appreciation	
(MSA/LoomisSaylesB)	\$13,229.82
NW Mutual IRA: MAAGX	\$871.23
NW Mutual IRA: Fidelity VIP Mid Cap	\$4,439.85
NW Mutual IRA: MAAGX	\$400.30
NW Mutual IRA: Index 600 Stock (MSA)-B	\$2,284.58
NW Mutual IRA: MAAGX	\$94.19
NW Mutual IRA: International Equity	
(MSA/Franklin Templeton)-B	\$8,159.09
NW Mutual IRA: MAAGX	\$777.04
Emerging Markets Equity(MSA/Aberdeen)	\$2,936.89
NW Mutual IRA: Select Bond(MSA/Wells Cap Mgmt	t.)\$2,190.77
NW Mutual IRA: Multisector Bond (MSA/PIMCO)-B	\$1,148.47
NW Mutual IRA: MAAGX	\$94.19
NW Mutual IRA: Global Real Estate Securities (RIF)	\$2,028.73
NW Mutual Brokerage Acct.	
MFS Aggressive Growth Allocation FD-A	\$2,354.68
NM FDIC Insured Program	\$0.43
FRS Retirement	
FRS Inflation Adjusted Multi-Assets Fund (300)	\$5,158.48
FRS U.S. Bond Enhanced Index Fund (80)	\$3,897.65
FRS Core Plus Bond Fund (310)	\$8,030.34
FRS U.S. Stock Market Index Fund (120)	\$33,083.26
FRS Large Cap Stock Fund (320)	\$16,699.44
FRS Small/Mid Cap Stock Fund (330)	\$21,120.53
FRS Foreign Stock Index Fund (200)	\$15,637.13
FRS Foreign Stock Fund (220)	\$6,714.59
VOYA Deferred Compensation Account	
0572 American Funds Growth Fnd R4-40.69%	\$1,791.03

0920 Baron Growth Fund Ret-19.87%	\$874.86
3156 Loomis Sayles Sm Cp Growth Fnd Ins18	.91% \$932.48
3756 JP Morgan Mid Cap Growth Fund R5 -10.	71% \$432.08

Florida Prepaid College Program

Florida Prepaid College Program 4-Year University Plan for minor Child #1	\$9,921.24
Florida Prepaid College Program	40 400 0
4-Year University Plan for minor Child #2	\$9,176.94
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #1	\$2,410.08
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #1	\$2,410.08
Florido Droppid Callego Droppus 1 Voca	
Florida Prepaid College Program1-Year University Dormitory Plan for minor Child #1	\$2,410.08
Offiversity Domittory Flam for Hillion Child #1	\$2,410.06
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #1	\$2,410.08
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 2,256.48
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 2,256.48
Florida Prepaid College Program1-Year	y 2,230.40
University Dormitory Plan for minor Child #2	\$ 2,256.48
Florida Prepaid College Program1-Year	.
University Dormitory Plan for minor Child #2	\$ 2,256.48
Real Property/Home-Pompano Beach	\$409,970.00
2017 Lexus based on KBB.com trade in estimate	\$24,635
2016 Jeep based on KBB.com trade in estimate	\$17,509

Continuation of Liabilities Part C: Liabilities Worth More That \$1,000.00

Florida Prepaid College Program

4-Year University Plan for minor Child #1 \$\$17,935.26

Florida Prepaid College Program

4-Year University Plan for minor Child #2 \$20,052.18

Florida Prepaid College Program1-Year

University Dormitory Plan for minor Child #1 \$6,376.67

Florida Prepaid College Program1-Year

University Dormitory Plan for minor Child #1 Florida Prepaid College Program1-Year	\$6,376.67
University Dormitory Plan for minor Child #1	\$6,376.67
Florida Prepaid College Program1-Year University Dormitory Plan for minor Child #1	\$6,376.67
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 7,098.51
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 7,098.51
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 7,098.51
Florida Prepaid College Program1-Year	
University Dormitory Plan for minor Child #2	\$ 7,098.51

Box

208 199

Florida COMMISSION ON ETHICS

JUN 22 **2020**

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

RECEIVED

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), 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: Horence Barner	Work Telephone: 954 831-7562
Work Address: 2015 E 6th of A.	ach Judicial Office Held: <u>Canty Cut Judge</u>
	red by Canons 5D(5)(a), 5D(5)(h), and 6B(2)

DATE	DESCRIPTION	SOURCE	AMOUNT
NA	NIA	NIA	\$ 1/1
			\$
			\$
			\$

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	SOURCE	
	(Include dates, location, and purpose of event or		
	activity for which expenses, fees, or charges		
	were reimbursed, paid or waived)	Benwardcollege	/ 4 i \
10/19/19	Proupred college Marines Dinner	Broward college For wanter for attending	pg - 100.00)
			1
]

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida
County of Braward
I, <u>Florence Taylor Barner</u> , 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.
Allewelmy
(Signature of Reporting Official)
April miles
(Signature of Officer Authorized to Administer Oaths)
My Commission expires WETTE TOMKINS Commission # GG 354628 Expires August 30, 2023 Bonded Thru Budget Notary Services
Sworn to and subscribed before me this
17th day of June, 20,20