

FOR OFFICE USE ONLY:

PROCESSED

Judicial Circuit (17Th)-Elected Constitutional Officer

FLORIDA
COMMISSION ON ETHICS

JUN 30 2020

RECEIVED



*****AUTO**ALL FOR AADC 331 T2 P3 19 180

HON DEBORAH CARPENTER-TOYE, COUNTY JUDGE

201 SE 6TH ST RM 6127

FT LAUDERDALE FL 33301-3303

ID CODE

ID NO.

CONF. CODE

263613

Carpenter-Toye, Deborah

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 on page 3.]

My net worth as of June 1, 2020 was \$ 184,687.01.

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 \$ 100,500.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| DESCRIPTION OF ASSET (specific description is required - see instructions p.4) | VALUE OF ASSET |
|--------------------------------------------------------------------------------|----------------|
| Bank of America | \$71,593.48 |
| USAA Bank | \$1001.37 |
| VOYA | \$5,391.73 |
| Charles Schwab | \$6,200.43 |

PART C -- LIABILITIES

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| "NONE" | Ø |
| | |
| | |
| | |

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| "NONE" | Ø |
| | |
| | |

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 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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 |
|--------------------------------------------|-----------------------------|------------|
| Judicial Salary (per W-2) | State of Florida | 143,488.08 |

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 | N/A | | |
| 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.

[Handwritten Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 28th day of

June, 2020 by Anna Marie Potter - PEREZ

[Handwritten Signature]
 (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 _____

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

263613

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges **PROCESSED** FLORIDA COMMISSION ON ETHICS

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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: Deborah Carpenter-Toye Work Telephone: (954) 831-7039

Work Address: 201 SE 6th Street, Ft Lauderdale FL 33301 Judicial Office Held: County Court Judge

- 1. Please identify all reportable gifts, bequests, favors, or loans 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 |
|------|-------------------|--------|--------|
| N/A | No Gifts Received | N/A | \$ 0 |
| | | | \$ |
| | | | \$ |
| | | | \$ |

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 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 3/2020 | Massachusetts Waives Bar Dues for members of the Judiciary (\$300.00) | Massachusetts Board of Bar Overseers |
| | | |
| | | |

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

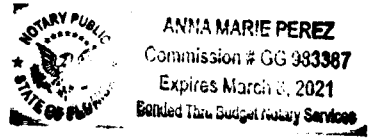
State of Florida

County of BROWARD

I, Deborah Carpenter-Toye, 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.

Deborah Carpenter-Toye
(Signature of Reporting Official)

Anna Marie Perez
(Signature of Officer Authorized to Administer Oaths)



My Commission expires MARCH 8, 2021

Sworn to and subscribed before me this

28th day of June, 2020



DEBORAH CARPENTER-TOYE
COUNTY COURT JUDGE
SEVENTEENTH JUDICIAL CIRCUIT OF FLORIDA

BROWARD COUNTY COURTHOUSE
201 S.E. 6TH STREET
FORT LAUDERDALE, FL 33301

FLORIDA
COMMISSION ON ETHICS
JUN 30 2020
RECEIVED

June 28, 2020

Florida Commission on Ethics
325 John Knox Road
Building E
Suite 200
Tallahassee, FL 32303

Re: Filing Form 6 and 6A

Dear Sir or Madam:

Enclosed please find the original signed copies of Form 6 and Form 6A to be filed with your office pursuant to Art. 11, Section 8 of the Florida Constitution.

Please advise if you need any further documents from me to complete the filing. Thank you for your attention to this very important matter.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Deborah Carpenter-Toye".

Deborah Carpenter-Toye
County Court Judge