

CONFIDENTIAL

FORM 6**FULL AND PUBLIC DISCLOSURE****2019**

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Evans Honorable Kal LeVar Koble

80668

MAILING ADDRESS:
201 SE 6th St.**PROCESSED**

Room 5125

FLORIDA
COMMISSION ON ETHICSCITY : ZIP : COUNTY :
Ft. Lauderdale 33301-3303 Broward

JUL 01 2020

NAME OF AGENCY :
Judicial Circuit (17th)

RECEIVED

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Elected Constitutional OfficerCHECK 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 December 31st, 20 19 was \$ 516,307.30.**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.

92,579.25

The aggregate value of my household goods and personal effects (described above) is \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Life Insurance Policy (Securian Life)	\$490,466
Life Insurance Policy (American National)	\$2,802.56
Checking Account (Wells Fargo)	\$24,728.29
Retirement Plan (State of Florida- Voya)	\$5,542.60

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Navient (School Loan) P.O. Box 13611 Philadelphia, PA 19101-3611	\$64,240.56
Cornerstone Education (School Loan) P.O. Box 105189 Atlanta, GA 30348-5189	\$22,700.93

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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
State of Florida	201 SE 6th St. Ft. Lauderdale, FL 33301	\$151,822

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			
DO 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

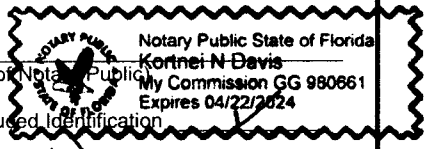
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 30th day of

June, 2020 by KALLE VAR EVANS

[Handwritten Signature]
 (Signature of Notary Public--State of Florida)

Kortnei N Davis
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 My Commission GG 990661 Expires 04/22/2024



Personally Known _____ OR Produced Identification FL ID
 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

CONFIDENTIAL

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FLORIDA
COMMISSION ON ETHICS

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

JUL 01 2020

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: Kal Le Var Evans Work Telephone: (954) 831-1673

Work Address: 201SE 6th St Ft. Laud. 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		\$
			\$
			\$
			\$

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
	N/A	

Check here if continued on separate sheet

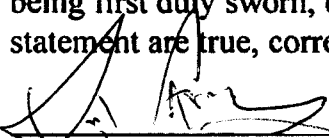
CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Broward

I, Kal Le Var Evans, 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.



(Signature of Reporting Official)



(Signature of Officer Authorized to Administer Oaths)



My Commission expires April 22, 2024

Sworn to and subscribed before me this

30th day of June, 20 24