FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2019

FOR OFFICE USE ONLY:

Judicial Circuit (17Th)-Elected Constitutional Office

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HON GIUSEPPINA MIRANDA, COUNTY JUDGE

PROCESSED

FLORIDA COMMISSION ON ETHICS

JUN 2 9 2023

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ID CODE

ID NO.

34301

CONF. CODE

С

CHECK IF THIS IS A FILING BY A CANDIDATE

FT LAUDERDALE FL 33301-3303

201 SE 6TH ST RM 13137

********AUTO**ALL FOR AADC 331 T2 P3 17 178

Miranda, Giuseppina

PART A	NET	'WO	RTH
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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 21, 20 20 was \$ 831, 388.35

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 \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

SCHEDULE # | SEE ATTACHED

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

S. 13 STUDENT HNCOLN NELNET LOAN 121 ST.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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."

[If you check this box ar	nd attach a copy of your 201	9 tax returr, you	need not complete	the remainder of Part	D.]	
PRIMARY SOURCES OF INCO	DME (See instructions on p	page 5):				
NAME OF SOURCE OF INC		 		URCE OF INCOME		AMOUNT
STATE OF FLORI	DA	200 E	GAINES	ST. TALLAH	ASSEE	151,821.96
SEE ATTACH	4FD	SCHED	SULE # 1	a		55,276.96
SECONDARY SOURCES OF II	NCOME [Major customers, c	clients, etc., of bu	sinesses owned by	reporting personsee	instruction	ns on page 5]:
NAME OF	, NAME OF MAJO	R SOURCES	, AC	DDRESS	, F	PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS	S' INCOME	OF.	SOURCE	A	CTIVITY OF SOURCE
		· · ·				
	NAPE INTERPRET	DI OPE CIETE	D. D. L. CANADA			
ľ	PART E INTERESTS			•		
NAME OF	BUSINESS ENTITY	7 # 1	BUSINESS EN	TITY # 2	BUSIN	ESS ENTITY # 3
BUSINESS ENTITY	i 					
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						
		DADTE	FRAINING			
For office	ers required to complete			uant to section 11	2 21/2	EC
	I CERTIFY THAT I H					
		Name of the last	A."	REGUINED IN	AIMINO	•
\mathbf{O} A	ATH	COUNT	OF FLORIDA	OWARD		
I, the person whose name appe	ears at the	Sworn t	o (or affirmed) and	subscribed before me		
beginning of this form, do depo	se an eath or affirmationer	MISTON Phys	sical presence or 🗌	online notarization,		11.
and say that the information dis			JUNE,	20,20 by Giù	seppi	na Miranda
and any attachments hereto is	troe, Bonded Thru Budget N		and m.	Hermist	m	
and complete.	Λ	(Signatu	ure of Notary Public	State of Florida)	<u></u>	
		<u></u>	WW / /VI.	HUMINIS	10M	
Gusenpina	Miranda			nmissioned Name of N	•	•
	OFFICIAL OR CANDIDAT	Persona E	ally Known	OR Produce	d Identifica	ation
		Type of	Identification Produ	iced		
If a certified public accountant she must complete the following		73, or attorney	in good standing v	vith the Florida Bar p	repared th	nis form for you, he or
l,	-	, prepared th	he CE Form 6 in a	ccordance with Art.	II, Sec. 8	Florida Constitution
Section 112.3144, Florida Stat and correct.	rutes, and the instructions	to the form. Upo	on my reasonable	knowledge and belie	ef, the disc	closure herein is true
Signature	e				Date	
Preparation of this form I	by a CPA or attorney o	does not reliev	ve the filer of th	e responsibility to		e form under oath.

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

FORM 6

FULL AND PUBLIC DISCLOUSURE OF FINANCIAL INTERESTS

2019

GIUSEPPINA MIRANDA

ATTACHMENT #1 - PART B -- ASSETS

Valuation date: June 21, 2020

ASSETS INDIVIDUALLY VALUED AT OVER \$1000

Description of Asset and Value of Asset:

Description of Asset and Value of Asset.
1. Truist Bank (f/k/a BB&T) (checking)
3. Charles Schwab & Co
4. Royce Pennsylvania Mutual Fund \$ 44,457.94
5. Vanguard Mutual Funds
6. T Rowe Price Mutual Funds
TOTAL VALUE OF ABOVE ITEMIZED ASSETS\$ 848,990.69

FORM 6

FULL AND PUBLIC DISCLOUSURE OF FINANCIAL INTERESTS

2019

GIUSEPPINA MIRANDA

ATTACHMENT #2 - PART D -- INCOME

(DIVIDENDS Nos. 1-4)

1. Charles Schwab & Co	\$ 48,259.00
2. Royce Pennsylvania Mutual Fund	. \$ 134.00
3. Vanguard Mutual Funds	\$ 3,443.00
4. T Rowe Price Mutual Funds	\$ 3,423.00
5. Truist Bank (f/k/a BB&T) (checking interest)	\$ 17.96
TOTAL INCOME FROM DIVIDENDS & INTEREST	\$ 55 276 96
TOTAL INCOME PROMI DIVIDENDS & INTEREST	

CONFIDENTIAL FLORIDA COMMISSION ON ETHICS

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivergun 2 9 2023

of Fees and Charges DE

PROCESSED 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.

lame: Giuseppina Miranda		Work Telephone	: 954-831-7230
ork Addre	ss: 201 SE 6 St Fort Lauderda	lle, FL Judicial Office l	Held: County Judge
the pr	e identify all reportable gifts, beceding calendar year, as reque Code of Judicial Conduct.		
DATE	DESCRIPTION	SOURCE	AMOUNT
	N.A.		\$
		-	\$
			\$
			\$
	Check here is c	continued on separate sh	icei
waive	e identify all reportable reimburs of fees or charges you received by Canons 6A(3) and 6B(2)	ived during the precedir	ng calendar year, as
waive	ers of fees or charges you received by Canons 6A(3) and 6B(2) DESCRIPT	ived during the precedir 2) of the Code of Judicia TON	ng calendar year, as
waive requi	pers of fees or charges you received by Canons 6A(3) and 6B(2) DESCRIPT (Include dates, location, and	ived during the precedire) of the Code of Judicial ION dispurpose of event or	ng calendar year, as al Conduct.
waive requi	DESCRIPT (Include dates, location, and activity for which expense	ived during the precedir 2) of the Code of Judicia TION d purpose of event or es, fees, or charges	ng calendar year, as al Conduct.
waive requi	DESCRIPT (Include dates, location, and activity for which expense were reimbursed, pa	ived during the precedir 2) of the Code of Judicia TION d purpose of event or es, fees, or charges	ng calendar year, as al Conduct.
waive requi	DESCRIPT (Include dates, location, and activity for which expense	ived during the precedir 2) of the Code of Judicia TION d purpose of event or es, fees, or charges	ng calendar year, as al Conduct.

CONTINUE TO PAGE 2 FOR OATH

Check here if continued on separate sheet

OATH

State of Florida
County of Broward
I, Giuseppina Miranda , 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) Gluseppina Miranda
Carol M. Hirmiston
(Signature of Officer Authorized to Administer Oaths)
My Commission expires 11 27 2020
Sworn to and subscribed before me this
22nd day of June 2020