FORM 6

FULL AND PUBLIC DISCLOSURE **OF FINANCIAL INTERESTS**

2019

FOR OFFICE USE ONLY:

FFCORIDA COMMUSION ON ETHICS

JUNN 2 2:2020

RECENTED

Judicial Circuit (17Th)-Elected Constitutional Officer

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**********AUTO**MIXED AADC 323 T4 P1 8 568 HON LOUIS H. SCHIFF, COUNTY JUDGE

NORTH REGIONAL COURTHOUSE 1600 W HILLSBORO BLVD STE 144 DEERFIELD BEACH FL 33442-1655

PROCESSED

ID CODE

ID NO.

34829

CONF. CODE

Schiff, Louis H.

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 DECEMBER 31, 2019 was \$ 1,824 297 4

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 \$_

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ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

BANK OF AMERICA . P.O. BOX 66087 TIMENCIAL P.O. BOX 990070

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

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		PART D -	- INCOME	
Identify each separate source a copy of your 2019 federal incor attaching your returns, as the la	ne tax return, including all W2	s. schedules, a	ind attachments. Please redact any s	sources of income. Or attach a complete social security or account numbers before
l elect to file a copy of n [If you check this box ar	ny 2019 federal income tax re nd attach a copy of your 2019	turn and all W2 tax return, you	e's, schedules, and attachments. need not complete the remainder of	Part D.]
PRIMARY SOURCES OF INCO	OME (See instructions on pa	ge 5):		
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	ME AMOUNT
SEE ATTA	CHED			
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of bu	usinesses owned by reporting person	see instructions on page 51:
NAME OF	, NAME OF MAJOR	SOURCES	ADDRESS	, PRINCIPAL BUSINESS
BUSINESS ENTITY	OF BUSINESS'	INCOME	OF SOURCE	ACTIVITY OF SOURCE
F	ART E INTERESTS IN	N SPECIFIE	D BUSINESSES [Instructions o	n page 6]
	BUSINESS ENTITY #		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE.			
ADDRESS OF BUSINESS ENTITY	1085			
PRINCIPAL BUSINESS				
ACTIVITY POSITION HELD				
WITH ENTITY I OWN MORE THAN A 5%				
INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
		DADTE	PD A INTINIO	
For office	re required to complete		FRAINING	* 440 0440 FO
			cs training pursuant to section PLETED THE REQUIRED	
	· OEKIII / IIIAI / //	AVE OOM	LETED THE REGUINED	TRAINING.
\mathbf{O}^{A}	ATH	STATE	OF FLORIDA TY OF BCOWALD to (or affirmed) and subscribed before	
I, the person whose name app	ears at the	Sworn t	to (or affirmed) and subscribed befor	e me by means of
beginning of this form, do depo	ose on oath or affirmation	\ phy:	sical presence or 🔲 online notariza	tion, this day of
and say that the information dis	sclosed on this form	- 7	4ne , 20 20 by A	Licia F. Ray
and any attachments hereto is	true, accurate,	AL	icia I. Ray	SURY PURE ALICIA F RAY
and complete.	Ω .	(Signati	ure of Notary Public State of Florida	Commission # GG 12316 Expires July 15, 2021
	(//.1)	/Drint T	ype, or Stamp Commissioned Name	Form Of Roaded They Budget Notice Cond.
Jour H	Delos/			
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Persona	ally Known X OR Prod	duced Identification
		Type of	Identification Produced	
If a certified public accountant she must complete the following	licensed under Chapter 473	3, or attorney	in good standing with the Florida E	Bar prepared this form for you, he or
I, Section 112.3144, Florida Stat	utes, and the instructions to	_, prepared to	he CE Form 6 in accordance with a	Art. II, Sec. 8, Florida Constitution, belief, the disclosure herein is true
and correct.	,	ж.	on my reasonable knowledge and	bonor, the disclosure fieldfil is fide
Signature	9			Date
Preparation of this form l	oy a CPA or attorney do	es not reliev	ve the filer of the responsibili	ty to sign the form under oath.
Section 19 19 19 19 19 19 19 19 19 19 19 19 19	<u> Lair Cill</u> each ann an <u>Clark an Airean</u> L		ON A SEPARATE SHEET, PL	
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FORM 6 – FULL & PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

December 31, 2019

Part B

LOUIS H. SCHIFF

Assets individually valued over \$1,000, rounded to the nearest dollar

Description of asset:	Value:
1. Home,	\$650,000.
2. American Funds Growth Fund R4	\$284,492
3. Voya U.S. Stock Index Port Inst.	\$197,878.
4. Dodge & Cox Stock Fund	\$169,356.
5. Condo – Altamonte Springs, Seminole County	\$ 85,000.
6. Life Insurance – State Farm (cash surrender value)	\$ 83,076.
7. American Funds N2w Pspctv R4	\$ 90,690.
8. J.P. Morgan Mid Cap Growth Fund R5	\$ 92,123.
9. Walt Disney Company	\$ 92,563.
10. Janus Growth & Income Fund D Shares	\$ 71,633.
11. Columbia Acorn Class A	\$ 44,085
12. Ameriprise Insured Money Market	\$ 2,823.
13. Fidelity Advisor Stock Selector Mid Cap Class A	\$ 39,164.
14. Vanguard FTSE Developed Markets ETF	\$ 23,572.
15. IShares Edge Msci Min Volatility Eafe ETE	\$ 22,853.
16. Vanguard Total Intl Stock Index Fund ETF	\$ 23,390
17. Columbia Income Opportunity Class A	\$ 22,068.
18. Columbia Discipline Core Class A	\$ 18,694.
19. Janus Research Fund D Shares	\$ 6,426.
20. Bank of America – checking account	\$ 15,171.
21. TIAA CREF 401 (A) Fica Alternative and Special Pay Plan	\$ 4,224.
22. Janus Global Select Fund D Shares	\$ 3,818.
23. Sirus XM Holdings	\$ 3,575.

Part D - Income - 2019

Louis H. Schiff
Primary Sources of Income Exceeding \$1,000

State of Florida	Tallahassee, FL	\$151,822.
Ameriprise Trust Company	Minneapolis, MN	\$50,000.
Broward College	Ft. Lauderdale, FL	\$6,188.
Rental Income	Altamonte Springs, FL	\$1,650.
Stub Hub – ticket sales	San Francisco, CA	\$1,820.
Mitchell Hamline School of Law	St. Paul, MN	\$1,600.
Janus – Henderson Dividends/ Fund D	Boston, MA	\$1,392.
School Board of Broward County	Ft. Lauderdale, FL	\$1,285.

CONFIDENTIAL PROCESSED 34829

Gifts, Expense Reimbursements or Payments, and Waiverson ON ETHICS of Fees and Charges

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 waters 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: Louis H. Schiff	Work Telephone: 954-831-7839
Work Address: 1600 West Hillsboro	Blvd. #144. [Judicial Office Held: County Court

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
10/18/19	Framed Autographed Photo of Casey Stengel	Norm Kent	\$ 150.00
			\$
			\$
			\$

	Check	here if	continued	on	separate	sheet
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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
6/21 - 6/24/19	R/T airfare and hotel from FTL to MSP to teach @ Mitchell Hamline School of Law	Mitchell Hamline School of Law
7/26 - 7/29/19	RT airfare, meals and hotel from FLT to Nashville, TN to teach for Tenn. Mun Judges Assn	National Judicial College and Tenn Municp Judges
10/9 - 10/11/19	RT airfare, meals and hotel from FLT to Arkansas to teach for Arkansas Judges Assn.	State of Arkansas

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH



OATH

State of Florida		
County of Broward		
I, Louis H. Schiff , the public official fill being first duly sworn, do depose on oath and say that the statement are true, correct, and complete to the best of m	e facts set	forth in the above
(Signature of Reporting Official)		
(Signature of Officer Authorized to Administer Oaths) My Commission expires July 15, 2021	The state of the s	ALICIA F RAY Commission # GG 123163 Expires July 15, 2021 Bonded Thru Budget Notary Services
Sworn to and subscribed before me this	eg en skiller	
17th day of Tune, 2020		

Planse Find enclosed

i) Form 6

2) FORM WA GIFTS

Prese Confiem Right = SASÉ

Jain Solf