

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS
JUN 22 2020
RECEIVED

Judicial Circuit (17Th)-Elected Constitutional Officer



*****AUTO**ALL FOR AADC 331 T2 P3 24 185

HON MINDY F. SOLOMON, COUNTY JUDGE
201 SE 6TH ST STE 5135
FT LAUDERDALE FL 33301-3303

PROCESSED

ID CODE



ID NO.

7874

CONF. CODE

Solomon, Mindy F.

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 11, 2020 was \$ 2,684,653.03.

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 \$ 75,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE	706,106.11
3 WEEKSTIME SHARE	30,000
NATIONWIDE RETIREMENT	657,000
FAS RETIREMENT	134,664.04

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO MORTGAGE	167,005.66
MERCEDES FINANCIAL	33,847.00

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
SO of FL	200 E CAVES ST TALL FL	149356.00
NITA	1655 35th ST Boulder Colorado 80301	3600.00

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

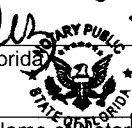
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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.

 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 11 day of
June 2020 by Mindy F. Solomon
Laura Gonzalez
 (Signature of Notary Public--State of Florida)

 LAURA GONZALEZ
 MY COMMISSION # GG 047047
 EXPIRES: January 28, 2021
 (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

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Solomon, Mindy F.

MAILING ADDRESS:

201 SE 10th Street

Suite 5135

CITY: Ft. Lauderdale ZIP: 33301 COUNTY: Broward

NAME OF AGENCY: Elected Constitutional officer

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge

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 continued, 20 ____ 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.

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
BANK OF AMERICA	11,566.00
USAA SAVINGS	6200.00
SCWAIR IRA	11,570.00
WELLS FARGO	7295.65

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PROCESSED

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

FLORIDA COMMISSION ON ETHICS

JUN 22 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: Mindy F Solomon Work Telephone: 954 831-7691

Work Address: 201 SE 6th St 33501 FLA 33501 Judicial Office Held: County Ct 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.

Table with 4 columns: DATE, DESCRIPTION, SOURCE, AMOUNT. The DESCRIPTION column contains a large handwritten '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.

Table with 3 columns: DATE, DESCRIPTION, SOURCE. The DESCRIPTION column contains a large handwritten 'N/A'.

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of Broward

I, Mindy F Solomon, 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]
(Signature of Reporting Official)

Laura Gonzalez
(Signature of Officer Authorized to Administer Oaths)

 LAURA GONZALEZ
MY COMMISSION # GG 047047
EXPIRES: January 28, 2021
Bonded Thru Budget Notary Services

My Commission expires January 28, 2021

Sworn to and subscribed before me this

11 day of JUNE, 2020

MINDY F. SOLOMON
COUNTY COURT JUDGE
SEVENTEENTH JUDICIAL CIRCUIT
OF FLORIDA



BROWARD COUNTY COURTHOUSE
201 S.E. 6TH STREET
FORT LAUDERDALE, FL. 33301
(954) 831- 7691

June 11, 2020

Florida Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

To Whom It May Concern:

Enclosed please find Form 6, Full and Public Disclosure of Financial Interest with attachment, along with Judicial Qualifications Commission Form 6A, Gift Disclosure, to be filed in your office on my behalf.

Very truly yours,

A handwritten signature in black ink, appearing to be "Mindy F. Solomon".

MINDY F. SOLOMON
County Court Judge

MFS:lg

Enclosures