

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:

43483

LAST NAME — FIRST NAME — MIDDLE NAME:

DeLuca, Steven Peter

MAILING ADDRESS:

1600 West Hillsboro Blvd.,

Suite #138

CITY :

Deerfield Beach, FL

ZIP :

33442

COUNTY :

Broward

NAME OF AGENCY :

Elected Constitutional Officer

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Judge

CHECK IF THIS IS A FILING BY A CANDIDATE FLORIDA
COMMISSION ON ETHICS

JUN 17 2020

RECEIVED

PROCESSED**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 March 31, 2020 was \$ \$1,705,322.**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 \$ \$66,800.**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Supplement for Part B - Attached	\$1,752,183

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Supplement for Part C - Attached	\$113,661

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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 Salary	Tallahassee, FL	\$151,822
Rental Properties	Chapter 119 Confidentiality	\$10,385

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Fox Trail Properties, LLC		
ADDRESS OF BUSINESS ENTITY	Confidential Chapter 119		
PRINCIPAL BUSINESS ACTIVITY	Vacation Rental Property		
POSITION HELD WITH ENTITY	AMBR		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%		
NATURE OF MY OWNERSHIP INTEREST	AMBR		

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.

STATE OF FLORIDA
 COUNTY OF BROWARD
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 2 day of

April, 2020 by
Tandakwah H. Walker
 (Signature of Notary Public--State of Florida)



TANDAKWAH H. WALKER
 MY COMMISSION # FF 9901
 EXPIRES: May 31, 2020
 Bonded Thru Budget Notary Serv

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(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

Hon Steven P. DeLuca
Broward County Judge
ID No. 43483

CHAPTER 119 CONFIDENTIALITY REQUESTED FOR ALL ADDRESSES

SUPPLEMENTAL FOR **PART B** - ASSETS

Residence [REDACTED] (Request Confidentiality Chapter 119) (Property Appraiser Just Market Value)	\$528,230
Office Condominium (Request Confidentiality Chapter 119) [REDACTED] (Property Appraiser Just Market Value)	210,630
Residential Condominium (Request Confidentiality Chapter 119) [REDACTED] County Tax Market Value)	272,026
Cash On Hand BB&T (Savings, checking, Money Market, CD)	247,923
Deferred Option Retirement	493,374
TOTAL.....	<u>\$1,752,183</u>

SUPPLEMENTAL FOR **PART B** - ASSETS



STEVEN P. DELUCA
COUNTY COURT JUDGE

SEVENTEENTH JUDICIAL CIRCUIT
OF FLORIDA

NORTH REGIONAL COURTHOUSE
1600 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FLORIDA 33442
TELEPHONE (954) 831-0322

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2020
FINANCIAL INTERESTS

Hon Steven P. DeLuca
Broward County Judge
ID No. 43483

CHAPTER 119 CONFIDENTIALITY REQUESTED FOR ALL ADDRESSES

SUPPLEMENTAL FOR PART C - LIABILITIES

PHH Mortgage (residential mortgage) Mount Laurel, New Jersey`	107,184
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BankAtlantic BB& T (credit line) Coral Springs, Florida	6,477
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\$ 113,661

SUPPLEMENTAL FOR PART C - LIABILITIES

CONFIDENTIAL PROCESSED

43483

FLORIDA COMMISSION ON ETHICS

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

JUN 17 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: Steven P. DeLuca Work Telephone: 9548310322

Work Address: 1600 W Hillsboro Blvd, 138 Judicial Office Held: COUnTy judge

Deerfield Beach FL 33442

- 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
	NONE		\$
			\$
			\$
			\$

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
	none	

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of broward

I, steven peter deluca, 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.

Steven P. Deluca
(Signature of Reporting Official)

Tandakwa H. Walker
(Signature of Officer Authorized to Administer Oaths)

My Commission expires May 30, 2020



TANDAKWA H. WALKER
MY COMMISSION # FF 998848
EXPIRES: May 30, 2020
Bonded Thru Budget Notary Services

Sworn to and subscribed before me this

2 day of April, 2020