

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:
GOTTLIEB KENNETH

MAILING ADDRESS:
201 S.E. 6TH STREET

CITY : ZIP : COUNTY :
FORT LAUDERDALE 33301-3353 BROWARD

NAME OF AGENCY :
BROWARD JUDICIAL CIRCUIT 17

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
COUNTY JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE

PROCESSED

**FLORIDA
 COMMISSION ON ETHICS**

JUN 29 2020

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24142

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, 20 19 was \$ 7,188,000.

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
SEE ATTACHED SCHEDULE	7,755,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHED SCHEDULE	597,000

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
SEE ATTACHED SCHEDULE		144,107

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
SEE	ATTACHED	SCHEDULE	99,000

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	SEE	ATTACHED	SCHEDULE
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.

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 23rd day of

JUNE, 2020 by _____

(Signature of Notary Public, State of Florida)

MY COMMISSION # HH7341

Expires: June 7, 2024

(Print Type of Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Keith Smith
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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, Charles N. Overbach, C.P.A., 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.

Charles N. Overbach, C.P.A.
 Signature

May 26, 2020
 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

KENNETH GOTTLIEB

Part B - Assets

Cash - J.P. Morgan Chase	42,000
Tyler Associates - Partnership	1,850,000
Griffin Isles - LLC	161,000
Lomar Properties - LC	1,479,000
Tyler Polk - Trust	3,149,000
Lomar Management - LLC	1,000
Securities - Morgan Stanley	307,000
IRA's: Morgan Stanley	49,000
Wells Fargo	39,000
Loan Receivable - Lomar Apts.	25,000
Home Bancshares, Inc. - Stock	103,000
Personal Residence	485,000
Automobile	65,000
Total	<u>7,755,000</u>

Part C - Liabilities

Wells Fargo Bank N.A., P.O. Box 740502 Atlanta, GA 30374	
Secured real estate owned by:	
Tyler Polk - Trust	173,000
Lomar Properties - LC	421,000
Credit Cards	3,000
Total	<u>597,000</u>

Part D - Primary Source of Income

State of Florida	Total	144,107
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Part D - Secondday Source of Income

Tyler Associates - Partnership	38,000
Lomar Properties - LC	8,000
Tyler Polk - Trust	35,000
Morgan Stanley Brokerage Account	10,000
Griffin Isles - LLC	4,000
Dividends and Interest - Miscellaneous	4,000
Total	<u>99,000.00</u>

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FLORIDA COMMISSION ON ETHICS

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

JUN 29 2023

24142

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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: KENNETH GOTTLIEB Work Telephone: 954-600-9107

Work Address: 201 SE 6 ST, FT. LAUDERDALE Judicial Office Held: COUNTY

- 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. Rows include 12/1/2019 entries for MARVIN GOTTLIEB and CHARLOTTE GOTTLIEB, each for \$9,000.

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 (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived), SOURCE.

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of BROWARD

I, KENNETH GOTTLIEB, 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.

Kenneth Gottlieb
(Signature of Reporting Official)

[Signature]
(Signature of Officer Authorized to Administer Oaths)

My Commission expires 6/7/24



Sworn to and subscribed before me this

23rd day of June, 2020