

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:

LAST NAME — FIRST NAME — MIDDLE NAME:

Hilal Jennifer Wigand

MAILING ADDRESS:

201 Southeast 6th Street, Chambers 6129

CITY:

Fort Lauderdale

ZIP:

33301

COUNTY:

Broward

NAME OF AGENCY:

17th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Court Judge

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

221231

PROCESSEDFLORIDA
COMMISSION ON ETHICS

JUN 15 2020

RECEIVED

PART A -- NET WORTHPlease 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 9, 20 20 was \$ 1,667,416.06.**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 \$ 175,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Homestead- [REDACTED]	\$1,400,000
Voya Retirement	\$134,006.53
Legacy Bank of Florida - Personal Account	\$42,715.30
American Express - Personal Account	\$214,769.77

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PennyMac- Mortgage	\$480,803.29
Fed Loan Servicing (student loans)	\$175,113.62

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.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
17th Judicial Circuit	201 SE 6th St, Ft. Lauderdale, FL	\$151,821.96

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
None			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
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 10th day of

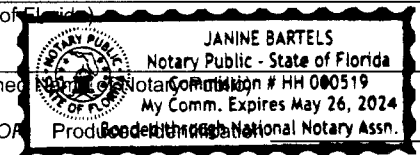
June, 2020 by Jennifer Hilal

Jan Bartels
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public, State of Florida)

Personally Known X

Type of Identification Produced _____



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, _____, 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 ☐

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000 (CONTINUED)

Marcus- Personal Account	\$207,494.79
Wells Fargo Bank	\$10,000
Etrade	\$45,173.11
Florida Pre-Paid Account	\$27,998.65
529	\$18,105.08
American Funds	\$48,069.74

CONFIDENTIAL PROCESSED

221231

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

FLORIDA
COMMISSION ON ETHICS

JUN 15 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: Jennifer Wigand Hilal Work Telephone: 954.831.7898

Work Address: 201 SE 6th St #6129, Ft. Laud, FL Judicial Office Held: County Court 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.

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
July 2019	County Court Conference	FL Conf of County Judges

☐ Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

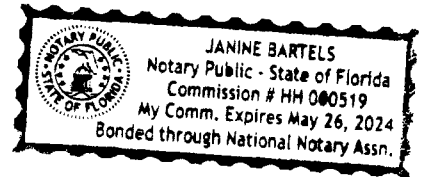
County of Broward

I, Jennifer Hlal, 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)

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

My Commission expires May 26, 2024



Sworn to and subscribed before me this

10th day of June, 2020

Judge Jennifer Wigand Hilal

Seventeenth Judicial Circuit

201 Southeast 6th Street, Chambers 6129, Fort Lauderdale, Florida 33301

jhilal@17th.flcourts.org – 954.831.7898

FLORIDA
COMMISSION ON ETHICS

JUN 15 2020

RECEIVED

Commission on Ethics
P.O. Box 15709
Tallahassee, FL 32317

June 10, 2020

To Whom It May Concern:

Enclosed please find the following documents:

1. Full and Public Disclosure of Financial Interests Form 6
2. Form 6A
3. Form 6B

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'JW Hilal', written over the printed name.

Jennifer Wigand Hilal
County Court Judge