	<u></u>	OF ILLES		
FORM 6 FULL AND PUBLIC DISCL	OSURE	2015		
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS 201698		OLEIBE MAE SINS		
LAST NAME — FIRST NAME — MIDDLE NAME: STUZIN, LAURA ANNE	MIAM ELECTION	I-DADE COUNTY ONS DEPARTMENT		
MAILING ADDRESS: 3100 PONCE DE LEON BLVD ROOM 16		- Contracting		
CORAL GABLES, FL. 33134		3		
CITY: ZIP: COUNTY:				
NAME OF AGENCY: 11th JUDICIAL COURT OF FLORIDA				
NAME OF OFFICE OR POSITION HELD OR SOUGHT: COUNTY JUDGE JUDICIAL CIRCUIT (11th) Grop 42	•			
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, 2015 or a more culated by subtracting your reported liabilities from your reported assets, so p				
My net worth as ofDECEMBER 31st,, 20 15 was \$	15,308,712.80	·································		
PADT R ASSETS				
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 $\$$ 1	25,000.00			
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction)	ns p.4)	VALUE OF ASSET		
*SEE ATTACHED LIST.				
PART C LIABILITIES				
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
AMERICAN HONDA FINANCE		\$15,000.00		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:				
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY		
N/A				

		PART I	D INCOME		
Identify each separate source a	and amount of income which e	exceeded \$1,	000 during the year, including secondary	sources of income. Or attach a complete ocial security or account numbers before	
attaching your returns, as the I				The state of the s	
			W2's, schedules, and attachments.	2016 I	
[If you check this box a	nd attach a copy of your 2018	5 tax return, y	you need not complete the remainder of	Part D.]	
PRIMARY SOURCES OF INC		age 5):			
NAME OF SOURCE OF INC	COME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	AMOUNT TO	
		*SEE	ATTACHED LIST.	P.C. ? <	
•				RT 7.	
SECONDARY SOURCES OF I	NCOME [Major customers, cl	lients, etc., of	f businesses owned by reporting person-	-see instructions on page 5k	
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS		ADDRESS OF SOURCE	PRINCIPAL BUSINESS	
DOGINEOU ENTITY	*SEE ATTACH		OF GOORGE	ACTIVITY OF SOURCE	
	DEL MILION				
e (no previous) estato (no previous) estato					
ł			IED BUSINESSES [Instructions of		
NAME OF	BUSINESS ENTITY LA&G_LIMITED_PAR		BUSINESS ENTITY # 2 TAYDA CITIZEN 2011 FAM	BUSINESS ENTITY # 3	
BUSINESS ENTITY ADDRESS OF			TRIICT		
BUSINESS ENTITY	MIAMIOUGLAS3RB4S		800 DOUGLAS RD STE500 MIAMI, FL 33134		
PRINCIPAL BUSINESS ACTIVITY	FAMILY PARTNERS	HIL	FAMILY TRUST		
POSITION HELD WITH ENTITY	PARTNER		BENEFICIARY	·	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		NO	2	
NATURE OF MY OWNERSHIP INTEREST	PASSIVE		NOT APPLICABLE		
SCHOOL STATE OF THE STATE OF TH	186 A 2 7 7 1 2 1 1 1 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1	PART F	- TRAINING		
For office	rs required to complete	annual et	thics training pursuant to section	112.3142, F.S.	
	I CERTIFY THAT I H	AVE CO	MPLETED THE REQUIRED	TRAINING.	
0.4	ATH	STAT	TE OF FLORIDA NTY OF MIAMI DADE		
				11th	
I, the person whose name app beginning of this form do depo			rn to (or affirmed) and subscribed before	me this _ 7 day of	
		M	1AY , 20 1,6 by <u>LA</u> 1	JRA ANNE STUZIN	
and say that the this chiral state of Florida and any attachiration discloped state of Florida					
and complete My Comm. Expires May 17, 2018 (Signature of Notary Public-State of Florida)					
(Print, Type, or Stamp Commissioned Name of Notary Public)					
Personally Known OR Produced Identification					
() wood of the origin					
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE 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.					
				×	
Signatur	е		***************************************	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 CO	NTINUEL	O ON A SEPARATE SHEET, PL	EASE CHECK HERE	

LAURA ANNE STUZIN FORM 6 FULL AND PUBLIC DISCLOSURE OF

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2016 MAY -4 PM 12: 23

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART B -ASSETS

THE PROPERTY		
DESCRIPTION OF ASSET	VALUE OF ASSET	
Home	\$1,500,000.00	
Dodge and Cox International Stock Fund Index	\$28,908.81	
CD Ally Bank	\$39,980.00	
Bank Of America (Checking Account)	\$ 12,000.00	
Florida Prepaid College	\$ 18,720.00	
Florida Prepaid College	\$ 18,732.00	
All Vanguard Holdings	\$787,371.99	

FINANCIAL INTEREST

- Traditional IRA (\$143,869.54)
- Child 529 College Savings (\$88,801.12)
- Child 529 College Savings (\$80,492.77)
- 500 Index Fund (\$78,843.99)
- Treasury Money Market (\$ 11,384.63)
- Convertible Security Fund (\$3,864.48)
- High-Yield Tax Exempt Fund (\$29,731.73)
- Limited –Term Tax Exempt Fund (\$16,580.52)
- Prime Money Market Fund (\$178,177.32)
- Tax-Exempt Money Market Fund (\$296.33)
- Stocks:
 - Allegion Public LTD (\$10,785.99)
 - Conocophillips (\$5,007.85)
 - First Cash Financial Services Inc (\$18,680.00)
 - HCP Inc. (\$8,623.61)
 - Ingersoll Rand PLC (\$28,694.27)
 - Johnson & Johnson (\$87,234.24)
 - Phillips66 (\$5,247.34)
 - Walgreen Company (\$ 9,056.26)

LA & C Limited Partnership	\$7,425,000.00	
Laura Stuzin 2011 Family Trust	\$5,350,000.00	

GRAND TOTAL:

\$15,198,712.80

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Laura Anne Stuzin 2015 Financial History

2016 MAY -4 PM 12: 23

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Part D - Income

1. Primary Source of income: All legal service income is reported on W-2 Form:

State of Florida Jeff Atwater, CFO 200 E. Gaines Street Tallahassee, Florida 32399-0356 Amount - \$96,718

Rumberger Kirk and Caldwell PA PO Box 1873 Orlando, Fl. 32802 Amount - \$38,445.23

2. Secondary source of income: Investments

LA&C Limited Partnership 800 Douglas Road Suite 500 Miami, FL 33134

	2015
Interest/Dividends	\$208,000
Capital Gains	\$181,000
Family Partnership Income	\$5,000
Total:	\$394,000