

**FORM 6****FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS****2019**Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Jancewicz Stefania C.

MAILING ADDRESS:

2 Courthouse Square

Suite 6300

CITY:

Kissimmee

ZIP:

34741

COUNTY:

Osceola

NAME OF AGENCY:

Judicial

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Osceola County Judge

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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**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 \$ 1,640,000.00.**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 \$ 50,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Homestead (owned w/spouse) in Osceola County, Florida	350,000
certificates of deposit (owned with mom), Bank of America	515,000
real property/rentals (owned with mom) 4 in Osceola & 1 in Marion Counties, FL	700,000
'08 Cheverolet, '98 BMW, '99 BMW, '98 BMW, '06 Mercedes (owned with spouse)	25,000

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Barclay Mastercard (PO Bxo 13337, Philadelphia, PA)	2,500
Citi Financial Visa (PO Box 9001016, Louisville, KY)	1,600

**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
Salary as Judge	200 E. Gaines Street, Tallahassee, FL 32399	\$151,822 (gross)

**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	La Forchetta, Inc.		
ADDRESS OF BUSINESS ENTITY	2730 N. Pineridge Circle,	Kissimmee, FL	
PRINCIPAL BUSINESS ACTIVITY	rental property		
POSITION HELD WITH ENTITY	officer		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	family business (passive)		

**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 Escambia

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 3rd day of

April, 2020 by Stefania Jancewicz

Angela Lynn Martinez  
(Signature of Notary Public--State of Florida)

ANGELA LYNN MARTINEZ

Commission # GG 127125

(Print or Stamp Commissioned Name of Notary Public)

Expires July 23, 2021

Bonded thru Budget Notary Services

Personally Known ☒ OR Produced Identification ☐Type of Identification Produced  

Stefania Jancewicz  
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 ☐

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

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: Stefania Jancewicz Work Telephone: 407-742-2554

Work Address: 2 Courthouse Square, Kiss, FL Judicial Office Held: County 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
			\$ 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.

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	Annual Conference of County Court Judges	OSCA--"State"
Jan 2019	Winter Board Meeting of CCJOF	CCJOF--"Conference"

☐ Check here if continued on separate sheet

**CONTINUE TO PAGE 2 FOR OATH**

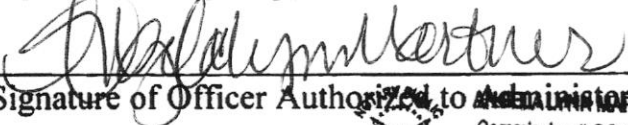
## OATH

State of Florida

County of Osceola

I, Stefania Jancewicz, 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 of Reporting Official)

  
(Signature of Officer Authorized to Administer Oaths)

My Commission expires  Commission # GG 127125  
Expires July 23, 2021  
Bonded Through Budget Notary Services

Sworn to and subscribed before me this

3<sup>rd</sup> day of April, 20 20



## Form 6B. Report of Business Interests

**Instructions:** List the names of any corporations or business entities, not otherwise identified on Form 6, in which you had a financial interest as of December 31 of the preceding year. If no business interests, or the interests are already identified on Form 6, then indicate "None," or "N/A." Attach additional pages as necessary. This form is filed only with the JQC.

Name of Judge: Stefania Jancewicz Telephone: 407-742-2554

Address: 2 Courthouse Square, Kiss, FL 34741 Position: County Judge

### Name of Business Entity

none (other than those listed on form ^6)

### Address of Business Entity

I certify that the foregoing information is complete, true, and correct.

Stefania Jancewicz  
JUDGE'S SIGNATURE

### OATH

State of Florida,  
County of Osceola.

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 30 day of April,  
2020, by Stefania Jancewicz (Name of Judge).

Angela Lynn Martinez  
(Signature of Notary)

Notary Seal

Personally Known ☒, or Produced Identification ☐.

Identification Produced: \_\_\_\_\_.



ANGELA LYNN MARTINEZ  
Commission # GG 127125  
Expires July 23, 2021  
Bonded Thru Budget Notary Services