

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/15/2025

General Information

Name: Hon Giuseppina Miranda

CONFIDENTIAL

PID 34301

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of December 31, 2024 was \$ 2,103,198.52.

Assets

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 effect is \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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Description of Asset	Value of Asset
Truist Checking Account	\$ 37,446.81
Royce Pennsylvania Mutual Fund	\$ 81,641.80
Vanguard Global Equity Fund	\$ 87,545.36
Vanguard Mid-Cap Value Index Admiral CL	\$ 67,955.03
Vanguard Windsor II Admiral CL	\$ 111,771.93
T Rowe Price Equity Income Fund	\$ 5,784.85
T Rowe Price New Horizon Fund	\$ 45,650.52
T Rowe Price Health Science Fund	\$ 44,709.06
T Rowe Price Science & Technology Fund	\$ 72,973.44
T Rowe Price Dividend Growth Fund	\$ 36,651.15
T Rowe Price Blue Chip Growth Fund	\$ 64,863.37
AFLAC, Inc.	\$ 105,535.91
Amazon.com, Inc.	\$ 87,756.00
Apple, Inc.	\$ 104,002.76
Chervron Corp.	\$ 89,794.88
Johnson & Johnson	\$ 91,972.55
Merck & Co., Inc.	\$ 36,294.14
Meta Platforms, Inc.	\$ 235,068.21
Microsoft Corp.	\$ 155,578.90
Procter & Gamble	\$ 40,201.85
Charles Schwab Bank - CD Cash Account	\$ 100,000.00
Flagstar Bank NA - CD Cash Account	\$ 200,000.00
First Horizon Bank - CD Cash Account	\$ 100,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
State of Florida, Chief Financial Officer	200 E. Gaines St., Tallahassee, FL 32399-0356	\$ 177,525.66
Royce Pennsylvania Mutual Fund	PO Box 219012, Kansas City, MO 64121-9012	\$ 6,208.97
Vanguard Mutual Funds	PO Box 982901, El Paso, TX 79998-2901	\$ 10,699.63
T Rowe Price New Horizons Fund	PO Box 17302, Baltimore, MD 21297-1302	\$ 2,142.04
T Rowe Price Health Science & Technology Fund	PO Box 17302, Baltimore, MD 21297-1302	\$ 3,320.30
AFLAC, Inc.	1932 Wynnton Rd., Columbus, GA 31999	\$ 2,015.72
Chevron Corp.	6001 Bollinger Canyon Rd., San Ramon, CA 94583	\$ 3,935.35
Johnson & Johnson	1 Johnson And Johson Plaza, New Brunswick, NJ 08933	\$ 3,061.62
Merck & Co., Inc.	126 East Lincoln Ave., PO Box 2000 Rahway, NJ 07065	\$ 1,105.61
Microsoft Corp.	1 Microsoft Way, Redmond, WA 98052	\$ 1,131.89
Charles Schwab Bank	PO Box 2339, Omaha, NE 68103	\$ 9,274.52
Flagstar Bank N.A.	5151 Corporate Drive, Troy, MI 48098	\$ 4,836.71
First National Bank Omaha - CD Cash Account	1620 Dodge Street, Omaha, NE, 68197	\$ 5,500.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Giuseppina Miranda

Digitally signed: 06/15/2025

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