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State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

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Executive Director

Steven J. Zuilkowski
*Deputy Executive Director/
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"A Public Office is a Public Trust"

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Hon Michael James Orlando
Filer PID #: 71360

Date Filed: 3/19/2026
Disclosure Received: 2025 Full and Public Disclosure of Financial Interests
Filing ID: 1060452

Receipt Print Date: 3/19/2026

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

2025 Form 6 - Full and Public Disclosure of Financial Interests

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Filed with COE: 03/19/2026

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General Information

Name: Hon Michael James Orlando

DIVISION OF ELECTIONS
TALLAHASSEE, FL

CONFIDENTIAL

PID 71360

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	17th Judicial Circuit, Circuit Court Judge, Group 11, Broward County, Florida	Circuit Court Judge, Group 11, Broward County, Florida

Net Worth

My Net Worth as of March 1, 2026 was \$ 5,560,863.19.

2025 Form 6 - Full and Public Disclosure of Financial Interests

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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.

The aggregate value of my household goods and personal effect is \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Primary Residence in BROWARD COUNTY	\$ 3,285,660.00
21 Palm Drive, LLC 50% Owner Charlotte County	\$ 700,000.00
Tamarack 33, LLC 25% Owner, Snowmass, CO	\$ 417,475.00
Condominium Brookline, MA	\$ 662,300.00
Wells Fargo Checking/Savings	\$ 92,440.64
Wells Fargo 21 Palm LLC Checking	\$ 7,646.80
Wells Fargo Tamarack LLC Checking	\$ 8,247.44
Condominium Fort Lauderdale, Broward County	\$ 300,000.00
Truist Checking/Savings	\$ 4,127.27
Vanguard Mutual Fund	\$ 15,062.02
e-Trade Mutual Fund	\$ 9,404.02
2018 FOMOCO Vehicle	\$ 38,500.00
LSEV Club Car Vehicle	\$ 5,000.00
Boat and trailer	\$ 15,000.00

2025 Form 6 - Full and Public Disclosure of Financial Interests

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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 2025 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 2025 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	201 Gaines Street Tallahassee, FL 32399	\$ 200,836.00
Wells Fargo	PO Box 5192 Sioux Falls SD 57117	\$ 6,417.90
Vanguard	PO Box 3009 Monroe, WI 53566	\$ 1,700.45

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			

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/19/2026

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.

Michael James Orlando

Digitally signed: 03/18/2026

Filed with COE: 03/19/2026

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: Michael J. Orlando Work Telephone: [REDACTED]

Work Address: 201 SE 6th Street, Suite 5850 Fort Lauderdale, FL 33301 Judicial Office Held: Circuit Ct. Grp. 11

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
	N/A	

☐ Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

2026 APR -7 PM 1:38
DIVISION OF ELECTIONS
TALLAHASSEE, FL

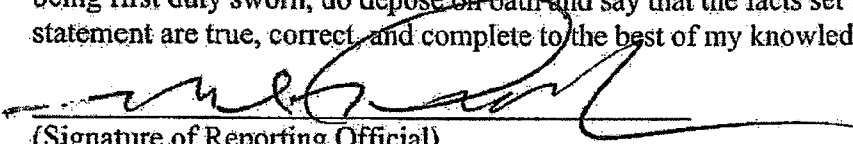
RECEIVED

OATH

State of Florida

County of Broward

I, Michael J. Orlando, 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)

Shawnta Mallard
(Signature of Officer Authorized to Administer Oaths)

My Commission expires 7-16-2028



SHAWNITA BROWN-MALLARD
Commission # HH 522426
Expires July 16, 2028

Sworn to and subscribed before me this

19th day of March, 2026

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 JOC.

Name of Judge: Michael J. Orlando Telephone: [REDACTED]
Address: 201 SE 6 Street, Ste. 5850 Ft. Lauderdale, FL 33301 Position: Cir. Ct. Judge Grp. 11

Name of Business Entity

N/A

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

[Signature]
JUDGE'S SIGNATURE

OATH

State of Florida,

County of Broward.

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

☐ physical presence or ☐ online notarization, this 19th day of March,

2026, by Michael J. Orlando (Name of Judge).

[Signature]
(Signature of Notary)

Notary Seal



SHAWNTA BROWN-MALLARD
Commission # HH 522426
Expires July 16, 2028

Personally Known X, or Produced Identification _____

Identification Produced: FLDL



17th Judicial
Circuit Court
of Florida

Michael Orlando <jorlando@17th.flcourts.org>

Judge Michael J. Orlando Forms 6, 6A and 6B

Candice Edwards <cedwards@floridajqc.com>
To: Michael Orlando <jorlando@17th.flcourts.org>

Mon, Mar 23, 2026 at 2:57 PM

Good Morning,

Please accept this email as an acknowledgement that the Judicial Qualifications Commission has received of your completed Financial Disclosure for the filing year of 2025.

Thank you,

Candice Edwards
Administrative Assistant III
Florida Judicial Qualifications Commission
P.O. Box 14106
Tallahassee, FL 32317
(850)488-1581

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2026 APR -7 PM 1:37
DIVISION OF ELECTIONS
TALLAHASSEE, FL

From: Michael Orlando <jorlando@17th.flcourts.org>
Sent: Monday, March 23, 2026 2:01 PM
To: Candice Edwards <cedwards@floridajqc.com>

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Exhibit 4

**2025 Forms 6-Full and Public
Disclosures of Financial Interests
together with the
Commission on Ethics' and the
Judicial Qualifications Verification
and
Receipt of Submission to their
respective Electronic Financial
Disclosure Filing Systems**