

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/15/2026

General Information

Name: Hon Abby Cynamon

CONFIDENTIAL
**AGENCY INFORMATION**

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	JUDICIAL CIRCUIT (11TH) Circuit Court Judge	JUDICIAL CIRCUIT (11TH) Circuit Court Judge

Net WorthMy Net Worth as of December 31, 2025 was \$ 6,189,603.70.RECEIVED
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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 \$ 205,036.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property, Miami Dade County [REDACTED] [REDACTED]	\$ 4,600,000.00
Bank Account Wells Fargo, 760 41 Street, Miami Beach, FL 33140	\$ 32,633.71
Bank Account JP Morgan Chase Bank, 6916 Collins Ave, Miami Beach, FL 33141	\$ 361,959.67
Vanguard Equity Income Fund, P.O. Box 1101, Valley Forge, PA 19482-1110	\$ 9,265.91
Vanguard Wellington Fund, P.O. Box 1101, Valley Forge, PA 19482-1101	\$ 8,294.73
NRS Florida Fixed Fund, P.O. Box 182797, Columbus, OH 43218-2797	\$ 746,335.31
Drop Account, FL Div. of Retirement, 3189 S. Blair Stone Rd., Tallahassee FL 32301-6812	\$ 431,114.37

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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	200 E. Gaines St., Tallahassee FL 32399-0356	\$ 198,867.06
St. Thomas University	16401 NW 37 Avenue, Miami Gardens FL 33054	\$ 32,500.00

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.

Abby Cynamon

Digitally signed: 03/15/2026

Filed with COE: 03/15/2026

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: Judge Abby Cynamon Work Telephone: [REDACTED]

Work Address: 20 N.W. 1st Ave., Chambers 22-266, Miami FL 33128 Judicial Office Held: Circuit 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
	none	

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CONTINUE TO PAGE 2 FOR OATH

OATH

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State of Florida

County of Miami-Dade

I, ABBY LYNNAMON, 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)

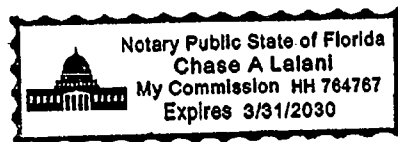
My Commission expires _____

Sworn to and subscribed before me this

30 day of March, 2026.

Print Form

Reset Form



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: Judge Abby Cynamon Telephone: [REDACTED]

Address: Oswaldo N. Soto Courthouse, 20 N.W. 1st Avenue, Chambers 22-265, Miami FL 33128 Position: Circuit Court Judge

Name of Business Entity

none

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

[Signature]
JUDGE'S SIGNATURE

OATH

State of Florida, Miami-Dade
County of Miami-Dade

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

☒ physical presence or ☐ online notarization, this 30 day of March,

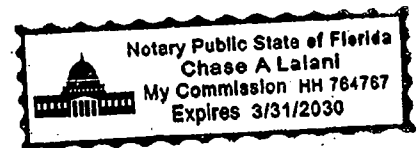
20 26, by Abby Cynamon. (Name of Judge).

[Signature]
(Signature of Notary)

Notary Seal

Personally Known ☒, or Produced Identification ☐

Identification Produced: _____



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