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State of Florida

COMMISSION ON ETHICS

P.O. Drawer 15709

**Tallahassee, Florida 32317-
5709**

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26 APR -9 AM 11:14

DIVISION OF ELECTIONS
TALLAHASSEE, FL

Kerrie J. Stillman

Executive Director

Steven J. Zuilkowski

Deputy Executive Director/

General Counsel

(850) 488-7864 Phone

(850) 488-3077 (FAX)

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**325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303**

***"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 Beatrice Butchko Sanchez

Filer PID #: 203487

Date Filed: 3/13/2026

Disclosure Received: 2025 Full and Public Disclosure of Financial Interests

Filing ID: 1060206

Receipt Print Date: 4/8/2026

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.

2025 Form 6 - Full and Public Disclosure of Financial Interests

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General Information

DIVISION OF ELECTIONS
TALLAHASSEE, FL

Name: Hon Beatrice Butchko Sanchez

AGENCY INFORMATION

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

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	11th Judicial Circui	Circuit Court Judge

Net Worth

My Net Worth as of March 5, 2026 was \$ 1,793,150.22.

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/13/2026

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residential Property	\$ 1,800,000.00
Citibank Private Client Serv. PO Box 6500 Sioux Falls, SD 57117	\$ 31,392.30
Fidelity Brokerage Serv. LLC. 900 Salem St., Smithfield, RI 02917	\$ 76,303.77
Auto Lease Estimated Lease End Value 2023 Lincoln Corsair	\$ 9,851.94

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
SWBC Mortgage	9311 San Pedro Ave, San Antonio, TX 78216	\$ 214,545.85
Lincoln Automotive Financial	PO Box 542000, Omaha, NE 68154	\$ 9,851.94

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/13/2026

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 Judicial Salary	200 E. Gaines Street, Tallahassee FL 32399	\$ 200,836.08
U. of Miami Sch of Law Adjunct Professor	3120 S. Dixie Hwy, C. Gables, FL 33146	\$ 3,000.00

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

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 03/13/2026

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.

Beatrice Butchko Sanchez

Digitally signed: 03/13/2026

Filed with COE: 03/13/2026

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

RECEIVED
DEPARTMENT OF STATE

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: **Beatrice Butchko Sanchez**

Work Telephone: [REDACTED]

Work Address: 20 NW 1st Ave. Ste. 24.266, 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
Jan. 2025	Faculty at Florida Judicial College Ph. 1, Kissimmee, Fl. \$791.69	Fl. Courts Education Counsel

☐

Check here if continued on separate sheet

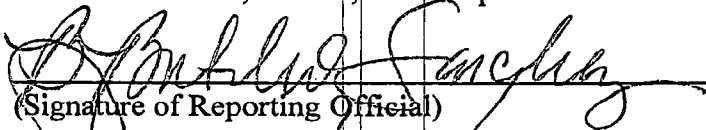
CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of **Miami Dade**

I, **Beatrice Butchko Sanchez**, 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.

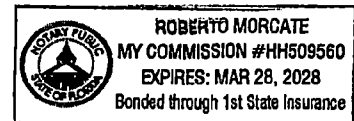

(Signature of Reporting Official)


(Signature of Officer Authorized to Administer Oaths)

My Commission expires **MARCH 28, 2028**

Sworn to and subscribed before me this

13th day of **March**, 20**26**



COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ <i>Estelania G</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: STATE OF FLORIDA COMMISSION ON ETHICS 325 John Knox Rd Bldg 5 Suite 200 Tallahassee, FL 32303  9590 9402 9783 5266 2940 61		B. Received by (Printed Name) <i>Estelania G</i> C. Date of Delivery <i>3/24/26</i>	
2. Article Number (Transfer from service label) 9589 0710 5270 3703 0605 14		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	