

Filed with COE: 04/06/2026

2026 APR 13 AM 10:58

General Information

Name: Hon Daryl Evan Trawick

DIVISION OF ELECTIONS
TALLAHASSEE, FL

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	Eleventh Judicial Circuit	Circuit Judge, Group 17

Net Worth

My Net Worth as of April 1, 2026 was \$ 2,588,092.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home	\$ 3,000,000.00
Hilton Timeshare	\$ 250,000.00
Marriott Timeshare	\$ 25,000.00
Voya Deferred Compensation Account	\$ 93,209.07
Deferred Option Retirement Program Account	\$ 567,631.36
Bank Accounts	\$ 15,000.00
TIAA Retirement Account	\$ 9,500.00

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

Name of Creditor	Address of Creditor	Amount of Liability
M & T Bank	P.O. Box 62182, Baltimore, MD 21264-2182	\$ 1,142,826.87
Navy Federal Credit Union	P.O. Box 3000 Merrifield, VA 22119-3000	\$ 251,668.48
Miami Federal Credit Union	51 S.W. 1st Avenue, #604, Miami, FL 33130	\$ 25,752.73

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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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	Lawson E. Thomas Courthouse Center, 175 N.W. 1st Avenue, Miami, FL 33128	\$ 193,707.06
St. Thomas University	16401 N.W. 37th Avenue, Miami Gardens, FL 33054	\$ 15,000.00
Miami-Dade College	300 N.E. Second Avenue, Miami, FL Room 1510, 33132	\$ 2,212.84
Defense Finance and Accounting Service	U.S Military and Retirement Pay, 8899 E. 56th Street, Indianapolis, IN 46249-1200	\$ 26,813.31

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	

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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.

Daryl Evan Trawick

Digitally signed: 04/06/2026

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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: Daryl E. Trawick Work Telephone: (305) 349-7278

Work Address: 20 N.W. 1st Avenue, O'Quinn N. Soto Miami-Cade Justice Center, Miami, Florida 33128 Judicial Office Held: Circuit 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
	N/A	

☐

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

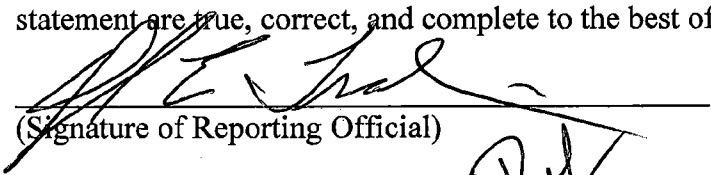
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DIVISION OF ELECTIONS
TALLAHASSEE, FL

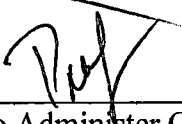
OATH

State of Florida

County of Miami-Dade

I, Daryl E. Trawick, 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)

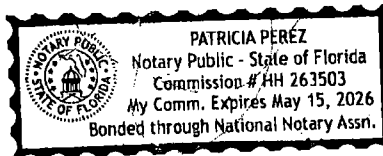
My Commission expires 05/15/26

Sworn to and subscribed before me this

7 day of April, 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 JQC.

Name of Judge: Daryl E. Trawick Telephone: [REDACTED]

Address: _____ Position: _____

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 Miami Dade

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

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

☒ physical presence or ☐ online notarization, this 7 day of April,

2026, by Daryl E. Trawick (Name of Judge).

[Signature]
(Signature of Notary)

Personally Known _____, or Produced Identification ☒.

Identification Produced: DL.

