APPLICATION FOR NOMINATION TO THE 18TH JUDICIAL COUNTY COURT

Instructions: *Respond fully to the questions asked below. Please make all efforts to include your full answer to each question in this document. You may attach additional pages, as necessary, however it is discouraged. In addition to the application, you must provide a recent color photograph to help identify yourself.*

Full Name: TRANG KATHY GOEBEL Social Security No.: [redacted]

Florida Bar No.: 0068850 **Date Admitted to Practice in Florida: 10/1/2009**

1. Please state your current employer and title, including any professional position and any public or judicial office you hold, your business address and telephone number.

   General Magistrate Trang Goebel
   18th Judicial Circuit Courts
   Harry T. and Harriet V. Moore Justice Center
   2825 Judge Fran Jamieson Way
   Viera, Florida 32940-8006
   (321) 617-7274

2. Please state your current residential address, including city, county, and zip code. Indicate how long you have resided at this location and how long you have lived in Florida. Additionally, please provide a telephone number where you can be reached (preferably a cell phone number), and your preferred email address.

   1842 Sorrento Circle, West Melbourne, Brevard County, FL 32940 for 16 years
   Cell phone no.: (321) 431-4831
   Email address: Trang.Goebel@flcourts18.org
   Florida resident for 36 years

3. State your birth date and place of birth.

   DOB: 08/28/1972, Ho Chi Minh City (formerly Saigon), Vietnam.

4. Are you a registered voter in Florida (Y/N)? **YES.**

5. Please list all courts (including state bar admissions) and administrative bodies having special admissions requirements to which you have ever been admitted to practice, giving the dates of admission, and if applicable, state whether you have ever been suspended or resigned. Please explain the reason for any lapse in membership.

Admitted to the State Bar of California on 06/01/2005; Inactive Status and good standing from 01/26/2016 to present.

Admitted to the State Bar of Florida on 10/01/2009 to present; Active Status and good standing.

Central District of California, Admitted June 6, 2005, to present.
Eastern District of California, Admitted February 23, 2010, to present.
Southern District of California, Admitted September 8, 2010, to present.
Florida Middle District Court, Admitted December 6, 2012, to present.
Florida Southern District Court, Admitted April 2, 2013, to present.
Florida Northern District Court, Admitted March 6, 2014, to present.
Florida Middle District Bankruptcy Court, Admitted December 6, 2012, to present.
Florida Southern District Bankruptcy Court, Admitted April 2, 2013, to present.
Florida Northern District Bankruptcy Court, Admitted March 6, 2014, to present.

6. Have you ever been known by any aliases? If so, please indicate and when you were known by such alias.

Trang Ngoc Vo – From birth until May 16, 1988, when I became a naturalized U.S. citizen.
Kathy Trang Vo – From May 16, 1988 to May 29, 1999, when I married Randy D. Goebel
Kathy Trang Goebel – From May 29, 1999 to present. I'm known as Trang Goebel.

EDUCATION:

7. List in reverse chronological order each secondary school, college, university, law school or any other institution of higher education attended and indicate for each the dates of attendance, whether a degree was received, the date the degree was received, class standing, and graduating GPA (if your class standing or graduating GPA is unknown, please request the same from such school).

Western State University College of Law, Fullerton, CA; August, 2000 to December, 2003
Awarded the Juris Doctorate on December 31, 2003
16th out of 41 students (39th percentile)
Overall GPA 2.72.

University of Central Florida, Orlando, FL; June, 1994 to May, 1996
Awarded the Bachelor of Arts degree on May 4, 1996
Overall GPA 3.342 (no class standing)

Brevard Community College, Melbourne, FL; August, 1992 to May, 1994
Awarded the associate in arts degree on May, 1994
Overall GPA 2.98 (no class standing)

8. List and describe any organizations, clubs, fraternities or sororities, and extracurricular activities you engaged in during your higher education. For each, list any positions or titles you held and the dates of participation.

<u>**Western State University College of Law**</u>:

- **National Asian Pacific Bar Association Moot Court Competition, Team Member, Fall 2003**
- **Academic Student Enrichment Program, Mentor, Fall 2001 and Spring 2003**
- **Christian Legal Society, Member, Spring, 2003**
- **Volunteer Income Tax Assistance (VITA), Participant, Fall, 2002**
- **Vietnamese American Bar Association, Secretary, 2002-2003**
- **WSU Student Alumni Association, 2003 to present**

<u>**University of Central Florida**</u>:

- **Executive Member of Alpha Phi Sigma Honor Society, Secretary, 1995-1996**
- **Phi Alpha Delta Law Fraternity, 1995-1996**
- **Golden Key National Honor Society, 1995-1996**
- **Vietnamese & American Student Association, Member, 1995-1996**
- **UCF Dean's Student Advisory Council, Member 1995 to 1996**
- **UCF Student Alumni Association, 1996 to present**

EMPLOYMENT:

9. List in reverse chronological order all full-time jobs or employment (including internships and clerkships) you have held since the age of 21. Include the name and address of the employer, job title(s) and dates of employment. For non-legal employment, please briefly describe the position and provide a business address and telephone number.

General Magistrate:	**Eighteenth Judicial Circuit Courts** **Harry T. and Harriette V. Moore Justice Center** **2825 Judge Fran Jamieson Way, Viera, FL 32940-8006** **January 7, 2025 to Present**
Senior Trial Court Staff Attorney:	**Eighteenth Judicial Circuit Courts** **Harry T. and Harriette V. Moore Justice Center** **2825 Judge Fran Jamieson Way, Viera, FL 32940-8006** **January 11, 2016 to January 6, 2026**
Associate:	**Cleaveland & Cleaveland, PL** **10001 Gate Parkway North, Jacksonville, FL 32246** **December, 2014 to January 11, 2016**
Associate:	**Kaufman, Englett & Lynd, PLLC**

	111 N. Magnolia Ave., Suite 1500, Orlando, FL 32801 **October, 2009 to December, 2014**
Research Attorney:	**Law Office of Richard A. Manzo** **5095 S. Washington Ave., Ste 104, Titusville, FL 32780** **May, 2008 to September, 2009**
Field Counsel & Legal Intern:	**Halas, Muhar, Parish & Arnett** **790 the City Drive South, Suite 400, Orange, CA 92868** **July, 2005 to June, 2007 (Field Counsel)** **August, 2004 to July, 2005 (Legal Intern)**
Intern:	**Fist American Exchange Company, LLC** **Title Insurance & Settlement Services** **18500 Von Karman Avenue, Suite 600** **Irvine, CA 92612** **June, 2003 to August, 2004**
Externship:	**Honorable Judge John Nho Trong Nguyen (*Retired*)** **West Justice Center Superior Court** **8141 13th Street, Westminster, CA 92683** **December 2002 to May 2003**
Literacy Tutor:	**Placentia Library District** **411 E. Chapman Ave., Placentia, CA 92870** **(714) 528-1906** **I tutored English to children and adults and, when need, substituted as a reference librarian** **October 2000 to August 2004**
Family Law Legal Assistant:	**Charles S. Poulos, Esq.** **960 Clark Avenue, Yuba City, CA 95991** **July, 1999 to August, 2000**
Family Law Paralegal:	**Diana Figueroa, Esq.** **3760 W. Eau Gallie Blvd., #106, Melbourne , FL 32934** **April, 1997 to May, 1999**
Receptionist/Secretary:	**Gray, Harris & Robinson, P.A.** **1795 W Nasa Blvd., Melbourne, FL 32901** **Temporary duty assignment with employment agency** **February, 1997 to April, 1997**
Paralegal Internship,	**Akerman, Senterfitt & Eidson, P.A.**

Litigation Department:	**420 South Orange Avenue, Suite 1200** **Orlando, FL 32801** **November, 1995 to December, 1996**
Cooperative Education Student Assistant:	**UCF Office of the General Counsel** **4365 Andromeda Loop N, Suite 360, Orlando FL 32816** **September, 1994 to November, 1995**
Third Key Associate:	**Claire's** **1700 W New Haven Ave., Melbourne, FL 32904 & 2752 E. Colonial Drive, Orlando, FL 32803** **I opened and closed the jewelry store while attending community college.** **(321) 676-3888 & (407) 898-9070** **1992– September, 1994**

10. Describe the general nature of your current practice including any certifications which you possess; additionally, if your practice is substantially different from your prior practice or if you are not now practicing law, give details of prior practice. Describe your typical clients or former clients and the problems for which they sought your services.

I currently serve as a General Magistrate in the Family Division and do not engage in the private practice of law. In my capacity as General Magistrate, I preside over and conduct hearings and make recommended findings, orders, and final judgments in a broad range of family law matters, including matters involving dissolution of marriage, parenting plans and time-sharing, child support, alimony, equitable distribution, paternity, and other domestic relations issues. I conduct evidentiary and non-evidentiary hearings, case management conferences, and other proceedings referred to me by the Court. In addition, I oversee proceedings involving the Baker Act and Marchman Act, including matters concerning involuntary examination, assessment, and treatment.

Prior to becoming a General Magistrate, I served as a Senior Staff Trial Attorney for nine years. In that position, I handled a broad range of legal matters across multiple areas of law, including criminal law, family law, civil matters, and appellate proceedings. My responsibilities included researching and analyzing complex legal issues, preparing orders and legal memoranda, conferring with judges on legal and procedural matters, and handling appellate proceedings. This position provided me with substantial and varied courtroom and litigation experience across multiple areas of law.

Prior to serving as a Senior Staff Trial Attorney, I primarily practiced in federal court, with an emphasis on bankruptcy matters. My clients included individuals seeking representation in bankruptcy proceedings and related federal court matters. My practice involved advising clients regarding their legal rights and obligations, representing them in

court proceedings, and addressing a variety of issues arising in bankruptcy litigation and related matters.

11. What percentage of your appearance in court in the last five years or in the last five years of practice (include the dates) was:

Court			Area of Practice		
Federal Appellate		%	Civil	30	%
Federal Trial		%	Criminal		%
Federal Other	70	%	Family		%
State Appellate		%	Probate		%
State Trial	30	%	Other (Bankruptcy)	70	%
State Administrative		%			
State Other		%			
Federal & State Court: 2009 to 2016					
TOTAL	100	%	TOTAL	100	%

If your appearance in court the last five years is substantially different from your prior practice, please provide a brief explanation:

My court appearance and practice during the last five years are substantially different from my prior practice. I previously practiced workers' compensation law and personal injury defense in California, followed by foreclosure defense and bankruptcy practice in Florida. From 2016 through 2025, I did not engage in private practice and instead served as a full-time Staff Attorney with the Eighteenth Judicial Circuit. Since January 7, 2025, I have served as a General Magistrate in the Eighteenth Judicial Circuit, presiding primarily over family law matters. Therefore, my current judicial role and the nature of my court appearances differ substantially from my prior private practice experience.

12. In your lifetime, how many (number) of the cases that you tried to verdict, judgment, or final decision were:

Jury?	-0-	Non-jury?	Est. 100
Arbitration?	2 to 3	Administrative Bodies?	Est. 30
Appellate?	-0-		

13. Please list every case that you have argued (or substantially participated) in front of the United States Supreme Court, a United States Circuit Court, the Florida Supreme Court, or a Florida District Court of Appeal, providing the case name, jurisdiction, case number, date of argument, and the name(s), e-mail address(es), and telephone number(s) for opposing appellate counsel. If there is a published opinion, please also include that citation.
None.

14. Within the last ten years, have you ever been formally reprimanded, sanctioned, demoted, disciplined, placed on probation, suspended, or terminated by an employer or tribunal before which you have appeared? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.
No.

15. In the last ten years, have you failed to meet any deadline imposed by court order or received notice that you have not complied with substantive requirements of any business or contractual arrangement? If so, please explain full.
No.

16. For your last six cases, which were tried to verdict or handled on appeal, either before a jury, judge, appellate panel, arbitration panel or any other administrative hearing officer, list the names, e-mail addresses, and telephone numbers of the trial/appellate counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

My last six cases did not involve a trial resulting in a verdict or an appeal before an appellate panel. Rather, my recent matters consisted primarily of transactional, negotiated, or uncontested proceedings, including confirmation of a sixty-month Chapter 13 repayment plan before a bankruptcy judge, obtaining a Chapter 7 discharge for a bankruptcy client, negotiating a cash-for-keys resolution in a foreclosure action, and resolving unsecured debt matters through settlement in lieu of a non-jury trial. Accordingly, there are no trial or appellate counsel contact information or appellate case numbers to provide for these matters.

17. For your last six cases, which were either settled in mediation or settled without mediation or trial, list the names and telephone numbers of trial counsel on all sides and court case numbers (include appellate cases). *This question is optional for sitting judges who have served five years or more.*

Case No. 2015-CA-006904-O
Matt G. Firestone, Esq.
Attorney for Plaintiff, Woodbury Pine Property Owners Association, Inc.
(407) 581-9800; mfirestone@shufffieldlowman.com

Case No. 2015-CA-000003-O
Heidi Bassett, Esq.
Attorney for Plaintiff, Deutsche Bank National Trust Co. et al.
(952) 896-1505; hbassett@larkinhoffman.com

Case No. 2015-CA-000539-O
W. Thomas Lovett, Esq.
Attorney for Plaintiff, Nuview IRA, Inc.
(407) 896-4450; obillytom@gmail.com

Case No. 2015-CC-001452-CL
Joseph F. Rosen, Esq.
Attorney for Plaintiff, Alley Financial, Inc.
(305) 448-0006; joe@pollackrosen.com

Case No: 2015-CC-006592-O
Amber L. Ketterer, Esq.
Attorney Wells Fargo Bank, N.A.
(305) 416-1800; aketterer@miamigov.com

Case No. 2015-SC-006477-O
Valeria Obi, Esq.
Attorney for Midland Funding, LLC
(813) 404-7466; vobi@cocacolaflorida.com

Case No. 2015-SC-002521-SP
Amanda R. Duffy, Esq.
Attorney for Midland Funding, LLC
(813) 915-8660; Amanda.duffy@consuegralaw.com

18. During the last five years, on average, how many times per month have you appeared in Court or at administrative hearings? If during any period you have appeared in court with greater frequency than during the last five years, indicate the period during which you appeared with greater frequency and succinctly explain.

During the last five years, I have not regularly appeared in court or at administrative hearings in my capacity as a practicing attorney. From January 11, 2016, through January 7, 2025, I served as a Senior Trial Staff Attorney with the Eighteenth Judicial Circuit, where I primarily conducted legal research, conferred with judges regarding pretrial, evidentiary, and trial matters, observed court proceedings, and prepared proposed orders and drafted legal memoranda involving criminal, family, civil, and appellate matters. On

January 7, 2025, I began serving as a General Magistrate for the Eighteenth Judicial Circuit, conducting hearings and proceedings pursuant to judicial referrals.

I appeared in court in Florida with greater frequency during my earlier years in private practice:

2012–2015: I primarily practiced bankruptcy law in the Middle and Southern Districts of Florida, appearing approximately twice weekly at Chapter 13 and Chapter 7 creditors' meetings and before bankruptcy judges for confirmation and reaffirmation hearings.

2009–2012: I handled hundreds of foreclosure-defense and debt-defense matters throughout Florida, averaging approximately six to eight court appearances per month, including proceedings before circuit judges on pretrial motions and courthouse proceedings involving debt-defense and settlement negotiations. I had approximately 252 court appearances during this period.

19. If Questions 16, 17, and 18 do not apply to your practice, please list your last six major transactions or other legal matters that were resolved, listing the names, e-mail addresses, and telephone numbers of the other party counsel.

a. **Sandra J. Tangye – Chapter 13 Bankruptcy**
Case No.: 13-399926-EPK
Court: U.S. Bankruptcy Court, Southern District of Florida
Chapter 13 Trustee: Robin R. Weiner
(954) 382-2001; robinweiner@ch13weiner.com
Co-Counsel: Timothy T. Patykula, Esq.
(561) 530-2880; tim@lighhouselawfirmpa.com
Sophia C. Dean, Esq.
(407) 830-6331; sdean@aff-attorneys.com

b. **Domiciano Valdes – Chapter 13 Bankruptcy**
Case No.: 14-30862-EPK
Court: U.S. Bankruptcy Court, Southern District of Florida
Chapter 13 Trustee: Robin R. Weiner
(954) 382-2001; robinweiner@ch13weiner.com

c. **Hilary J. Ruggiero – Chapter 13 Bankruptcy**
Case No.: 14-24690-EPK
Court: U.S. Bankruptcy Court, Southern District of Florida
Chapter 13 Trustee: Robin R. Weiner
(954) 382-2001; robinweiner@ch13weiner.com

d. **Joint Chapter 7 Bankruptcy**
Case No.: 6:15-bk-09175-CCJ
Court: U.S. Bankruptcy Court, Middle District of Florida
Chapter 7 Trustee: Arvind Mahendru
(407) 504-2462; amtrustee@gmail.com

e. **Individual Chapter 7 Bankruptcy**
Case No.: 14-40369-KKS
Court: U.S. Bankruptcy Court, Northern District of Florida (Tallahassee)
Other Counsel: Elizabeth A. Cleveland, Esq.
(863) 425-7651; elizabeth.cleveland@badcock.com
D. Tyler Van Leuven, Esq.
(850) 388-0500; tyler@svllaw.com
U.S. Trustee: U.S. Trustee, 110 E. Park Avenue, Suite 128, Tallahassee, FL 32301; (850) 942-1660

f. **Ivan A. Noguera and Sonia Ninoska Boniche De Noguera – Joint Chapter 7 Bankruptcy**
Case No.: 6:10-BK-31383-CB
Court: U.S. Bankruptcy Court, Central District of California (Riverside)
Chapter 7 Trustee: Christopher R. Barclay
Other Counsel: Darlene C. Vigil, Esq.
(626) 371-7000; darlenev@bdfgroup.com

20. During the last five years, if your practice was greater than 50% personal injury, workers' compensation or professional malpractice, what percentage of your work was in representation of plaintiffs or defendants?

The work described herein occurred prior to the five-year period covered by this question and is provided as information regarding my prior practice, as I no longer engage in the private practice of law. From July 2005 through June 2007, approximately 45% of my caseload involved representing Respondent Liberty Mutual Insurance Company (LMIC) in workers' compensation claims. The remaining approximately 55% of my caseload involved defending LMIC in personal injury lawsuits filed in the Superior Courts of California. Accordingly, during this period, my work consisted of approximately 45% workers' compensation defense and 55% personal injury defense. All of this work was performed on behalf of the defendant/respondent, LMIC.

21. List and describe the five most significant cases which you personally litigated giving the case style, number, court and judge, the date of the case, the names, e-mail addresses, and telephone numbers of the other attorneys involved, and citation to reported decisions, if any. Identify your client and describe the nature of your participation in the case and the reason you believe it to be significant.

A. Liberto Santanton & Jennifer Santanton v. IndyMac Mortgage Obligations, Inc., et al.
Case No. 1:10-cv-00242-OWW-SMS
United States District Court, Eastern District of California
Honorable Judge Oliver W. Wagner
Opposing counsel: Robert J. Jackson, Esq. (rjackson47@reagan.com); Amy E. Starrett, Esq. (astarrett@firstam.com).

I represented Liberto and Jennifer Santanton, homeowners facing foreclosure, in a federal Truth in Lending Act action. I filed the action, personally handled the litigation, including evaluating and counseling the clients concerning the strengths and weaknesses of their claims, responding to the defendants' motion to dismiss, and appearing telephonically before Judge Wagner to present argument in opposition to dismissal. I also pursued a loan modification with the defendants in an effort to resolve the mortgage arrearage and allow the clients to retain their home. When the loan-modification efforts were unsuccessful, I negotiated a $10,000 cash settlement that provided the homeowners with additional time to remain in their residence. I consider this case significant because it involved federal litigation, oral advocacy, negotiation, and practical problem-solving on behalf of homeowners facing the loss of their residence.

B. In re Ivan A. Noguera and Sonia Ninoska Boniche De Noguera
Case No. 6:10-BK-31383-CB
United States Bankruptcy Court, Central District of California (Riverside)
Chapter 7 Trustee: Christopher R. Barclay.

I represented the debtors in this joint Chapter 7 bankruptcy proceeding, which was my first bankruptcy case filed in California. At the time, I was the only associate in my firm dually licensed in California and Florida. I independently researched the applicable federal bankruptcy requirements and, on July 9, 2010, filed the Chapter 7 petition and schedules on behalf of the debtors. The debtors received a discharge of their unsecured debts on October 26, 2010. I consider this case significant because it required me to independently apply federal bankruptcy law in a new jurisdiction and navigate the bankruptcy process from filing through discharge, resulting in the clients' successful financial fresh start.

C. Samuel S. Zendejas, Jr. & Maria Zendejas v. GMC Wholesale Mortgage Corp., et al.
Case No. 1:10-cv-00184-OWW-GSA
United States District Court, Eastern District of California
Honorable Judge Oliver W. Wagner
Opposing counsel: Alice M. Dostalova-Busick, Esq. (adostalovabusick@fennemorelaw.com; (559) 432-4500); Daniel A. Shama, Esq. (Daniel.shama@bofa.com; (980) 388-7023).

I served as lead counsel for Samuel S. Zendejas, Jr. and Maria Zendejas, homeowners facing foreclosure. I filed the federal action, appeared telephonically before Judge Wagner on the defendants' motion to dismiss, and, after the Court granted the motion without prejudice and permitted amendment, drafted and filed the First Amended Complaint. The parties subsequently reached an amicable resolution through a cash-for-keys agreement.

I consider this case significant because I served as lead counsel throughout the federal litigation, including direct oral advocacy before a federal judge, and successfully negotiated a practical resolution for the clients.

D. In re Sandra J. Tangye
Case No. 13-399926-EPK
United States Bankruptcy Court, Southern District of Florida
Chapter 13 Trustee: Robin R. Weiner.
Co-counsel: Timothy T. Patykula, Esq. ((561) 530-2880; tim@lighhouselawfirmpa.com) and Sophia C. Dean, Esq. ((407) 830-6331; sdean@aff-attorneys.com).

I represented Sandra J. Tangye in a Chapter 13 bankruptcy proceeding involving her residential mortgage. I coordinated the bankruptcy proceeding with loss-mitigation efforts with PNC Bank and assisted Ms. Tangye in obtaining a loan modification, which the Bankruptcy Court subsequently approved. Her Chapter 13 plan was confirmed on July 29, 2014, and she successfully completed the plan and received a discharge of her debts on October 31, 2018. I consider this case significant because it required me to coordinate bankruptcy proceedings with residential mortgage loss mitigation and resulted in both a successful loan modification and discharge of the client's debts.

E. Scott Inman v. SunTrust Mortgage, Inc., et al.
Case No. 1:10-cv-01031-AWI-GSA
United States District Court, Eastern District of California
Honorable Judge Anthony W. Ishii
Opposing counsel: Donald M. Scotten, Esq. (dscotten@law.usc.edu; (213) 740-6473).

I served as lead counsel for Scott Inman in a federal mortgage-related action. I filed the action and handled the matter through disposition, including preparing and filing the Plaintiff's Opposition to the defendants' motion to dismiss. Following submission of the opposition, the Court took the matter under advisement and subsequently dismissed the action with prejudice. I consider this case significant because I was responsible for the federal litigation from inception through disposition and personally handled the briefing on a dispositive motion.

22. Attach at least two, but no more than three, examples of legal writing which you personally wrote. If you have not personally written any legal documents recently, you may attach a writing sample for which you had substantial responsibility. Please describe your degree of involvement in preparing the writing you attached.

Please see attached two legal writing samples which I personally drafted.

PRIOR JUDICIAL EXPERIENCE OR PUBLIC OFFICE

23. Have you ever held judicial office or been a candidate for judicial office? If so, state the court(s) involved, the dates of service or dates of candidacy, and any election results.

I currently serve as a General Magistrate in the Family Division of the Eighteenth Judicial Circuit, Brevard County, Florida. I have served in that capacity from January 7, 2025, to the present. I have not been a candidate for judicial office.

24. If you have previously submitted a questionnaire or application to this or any other judicial nominating commission, please give the name(s) of the commission, the approximate date(s) of each submission, and indicate if your name was certified to the Governor's Office for consideration.

I previously submitted an application to the Eighteenth Judicial Circuit Judicial Nominating Commission on August 28, 2024. My name was not certified to the Governor's Office for consideration.

25. List any prior quasi-judicial service, including the agency or entity, dates of service, position(s) held, and a brief description of the issues you heard.

Eighteenth Judicial Circuit Court in and for Brevard County, Florida — General Magistrate, Family Law Division
Dates of Service: January 7, 2025–Present

I currently serve as a General Magistrate in the Family Law Division of the Eighteenth Judicial Circuit Court in and for Brevard County, Florida. In this capacity, I conduct evidentiary hearings and make recommendations to the Court in a broad and diverse range of complex family law matters. My responsibilities include hearing matters involving dissolution of marriage, paternity, child support, parenting plans and time-sharing, parental responsibility, relocation, modification and enforcement of prior orders, contempt and other compliance proceedings, equitable distribution of marital assets and liabilities, alimony, attorney's fees and costs, and other substantive and procedural matters arising under Florida's family law statutes and rules.

I also hear and make recommendations in proceedings involving temporary custody of minor children by extended family members under Chapter 751, Florida Statutes; name-change proceedings; and involuntary treatment proceedings under the Baker Act, Chapter 394, Florida Statutes, and the Marchman Act, Chapter 397, Florida Statutes. These responsibilities require the application of Florida statutes, procedural rules, case law, and the evaluation of testimony, documentary evidence, financial information, and other evidence presented at hearing.

26. If you have prior judicial or quasi-judicial experience, please list the following information:

(i) the names, phone numbers and addresses of six attorneys who appeared before you on matters of substance:

1. Lindsey Gardner Shneyder, Esq.; Cell: (321) 419-3095; lindsey@beachfrontfamilylaw.com; 1790 Hwy A1A Ste 205 Satellite Beach, FL 32937-5440

2. Kathleen Davies, Esq.; Cell: (407) 394-9688; kdavies@kdavieslawfirm.com; 5450 Village Dr, Rockledge, FL 32955-6569

3. Andrew Creigh Steele, Esq.; Cell: (321)269-2882; asteele@andrewsteelelaw.com; 1625 S Washington Ave Ste D, Titusville, FL 32780-4734

4. Scott Bishop, Esq.; Office: (321) 752-3115; sbishop@rc5state.com; Office of Regional Conflict Counsel, 7165 Murrell Rd Ste 101, Melbourne, FL 32940-8261

5. Victoria Ann Kroger, Esq.; Office: (321) 984-4100; victoria@eastcoastlaw.com; East Coast Law, P.A., 1900 S Harbor City Blvd Ste 315, Melbourne, FL 32901

6. Curtis Flajole, Esq., Office: (321) 224-9777; cjflajole@aol.com; Curtis N. Flajole, P.A., 5430 Village Dr Ste 103, Viera, FL 32955-6583

(ii) the approximate number and nature of the cases you handled during your tenure:

From January 7, 2025, through December 31, 2025, I conducted and presided over 664 court proceedings.

From January 3, 2026, through September 11. , 2026, I conducted and presided over an additional 576 court proceedings.

Thus, from January 7, 2025, through September 10, 2026, I have conducted and presided over 1,240 court proceedings in the Family Law Division.

The matters have involved a broad spectrum of substantive and procedural family law issues, including non-jury trials; evidentiary hearings; motions for temporary relief; motions for contempt, enforcement, and modification; child support and parenting matters; equitable distribution and alimony; paternity matters; relocation; attorney's fees and costs; case management conferences;

and other contested and non-contested family law proceedings. I also conduct proceedings involving Chapter 751, Florida Statutes, name changes, and involuntary treatment matters under the Baker Act and Marchman Act.

My responsibilities in these proceedings include evaluating sworn testimony and documentary evidence, making findings based upon the evidence presented, applying applicable Florida statutes, rules, and case law, and preparing recommendations and proposed orders for review and entry by the presiding judge.

(iii) the citations of any published opinions. **None at this time.**

(iv) descriptions of the five most significant cases you have tried or heard, identifying the citation or style, attorneys involved, dates of the case, and the reason you believe these cases to be significant:

a. **In re the Matter of: Joshua Cruz and Tammy Kelly, Case No. 05-2024-DR-048523-XXDR-BC. Petitioner was represented by Vermotta H. Jackson, Esq. and Respondent was represented by Stephen V. Iacullo, Esq.**

I was referred the entire case and heard Petitioner's Verified Expedited Motion to Compel Return of Minor Children, Restraining Relocation of the Minor Child, and for Temporary Time-Sharing and Other Relief, filed January 24, 2025. The matter involved serious allegations that the Mother had left Florida with the minor children and initiated proceedings in New York. Although the hearing was scheduled for 30 minutes, I extended the hearing by approximately 1.5 hours to fully address the issues and the children's safety. Following discussion with counsel, the Mother agreed to safely return the children to the Father.

I consider this case significant because it required prompt judicial intervention in an emergency involving the location and safety of minor children, interstate jurisdictional concerns, and competing requests for temporary relief. The matter also required careful case management and resolution through the parties and counsel while protecting the children's interests.

b. **In re the Marriage of David Lee Smithson and Sarah Ann Munzer, Case No. 05-2024-DR-041017-XXDR-BC. Petitioner was represented by Clay D. Morgan, Esq. and Respondent was represented by Erica L. Feinswog, Esq.**

I was referred to conduct the hearing on Petitioner's Motion to Dismiss All Issues Regarding the Minor Child for Lack of Jurisdiction. The central issue was whether Florida had subject-matter jurisdiction under the UCCJEA concerning an unborn child when the Father filed for dissolution of marriage, the Mother subsequently moved to O'Fallon, Missouri, where the child was born, and the child had never returned to Florida. At the hearing, Mr. Morgan cited several cases in support of Florida retaining jurisdiction. I independently researched the applicable statutes and case law and drafted the order granting the motion to dismiss the issues concerning the minor child for lack of jurisdiction.

I consider this case significant because it presented an unusual and legally nuanced jurisdictional issue requiring careful analysis of the UCCJEA's statutory language and applicable case law. The case required me to independently evaluate the legal authorities presented by counsel, conduct additional research, and apply the law to a novel factual circumstance in determining whether Florida had subject-matter jurisdiction. The resulting order is also included as a writing sample.

c. **In re the Marriage of Michael Mauk and Deborah Mauk, Case No. 05-2023-DR-017769. Petitioner was represented by Tino Gonzalez, Esq., and Respondent was represented by Barbara Helm Peters, Esq.**

The entire case was referred to me on January 7, 2026, when I began serving as General Magistrate. On the eve of trial, Petitioner filed a Voluntary Dismissal. Respondent moved to strike the dismissal and sought an award of attorney's fees and costs. I presided over the remote evidentiary hearing and denied the motion to strike the dismissal but granted, in part, Respondent's request for attorney's fees and costs.

I consider this case significant because it was one of my first evidentiary hearings as a General Magistrate and required me to analyze entitlement to attorney's fees and costs under section 61.16, Florida Statutes (2023), including the parties' respective need and ability to pay, entitlement, and the reasonableness of the fees and costs requested. The resulting order is also included as a writing sample.

a. **In re: The Former Marriage of, Nehemias Sosa and Eunice Diaz De Valadez, Case No. 05-2017-DR-032581-XXXX-XX. Counsel for Petitioner was Maria Henderson, Esq. and Respondent was *pro se*.**

I was referred the entire case concerning the Father's Supplemental Petition to Modify the Final Judgment of Dissolution of Marriage. In March 2025, while the modification proceeding was pending, I conducted a UCCJEA conference with a circuit judge in Will County, Illinois, after the Mother filed a petition for injunctive relief in Illinois. I subsequently presided over the non-jury trial, granted the Father's Supplemental Petition to Modify, and prepared the Recommended Order.

I consider this case significant because it required coordination with another state court under the UCCJEA, resolution of competing interstate proceedings, and ultimately adjudication of the modification issues following a non-jury trial.

b. **In re Matter of Terry Jerome Rahming and Yemesi Thompson, Case No. 05-2025-DR-011018-XXDR-XXBC; the parties were initially *pro se*.** Father's Petition for Paternity and Related Relief was filed January 10, 2025. Final

Judgment of Paternity adopting the findings of fact and conclusions of law of General Magistrate Trang Goebel was rendered May 13, 2026.

The entire case was referred to me and involved contested issues of paternity, parental responsibility, time-sharing, and child support concerning a child under one year of age who had never met the Father when the litigation began. The parents were members of the military and lived more than six hours apart. The Mother expressed significant concerns regarding the Father's involvement in the child's life, while the Father sought to establish a relationship with the child and exercise time-sharing. I presided over multiple hearings and fashioned a temporary time-sharing plan designed to establish and maintain the Father's relationship with the child while addressing the Mother's concerns and the significant geographic distance between the parties. I subsequently presided over the non-jury trial and entered findings and recommendations addressing paternity, parental responsibility, and time-sharing. The Mother later obtained counsel and filed a motion to vacate, which was ultimately withdrawn as she pursued relocation with the child.

I consider this case significant because it required careful consideration of the child's young age, the lack of a prior relationship with the Father, the parents' military circumstances, substantial geographic distance, and competing parental concerns, while determining paternity, parental responsibility, and a practical time-sharing arrangement in the child's best interests.

27. Provide citations and a brief summary of all of your orders or opinions where your decision was reversed by a reviewing court or where your judgment was affirmed with significant criticism of your substantive or procedural rulings. If any of the opinions listed were not officially reported, attach copies of the opinions.
None.

28. Provide citations for significant opinions on federal or state constitutional issues, together with the citation to appellate court rulings on such opinions. If any of the opinions listed were not officially reported, attach copies of the opinions.
None.

29. Has a complaint about you ever been made to the Judicial Qualifications Commission? If so, give the date, describe the complaint, whether or not there was a finding of probable cause, whether or not you have appeared before the Commission, and its resolution.
None.

30. Have you ever held an attorney in contempt? If so, for each instance state the name of the attorney, case style for the matter in question, approximate date and describe the circumstances.
No.

31. Have you ever held or been a candidate for any other public office? If so, state the office, location, dates of service or candidacy, and any election results.

No.

NON-LEGAL BUSINESS INVOLVEMENT

32. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise, the nature of the business, the nature of your duties, and whether you intend to resign such position immediately upon your appointment or election to judicial office.
None.

33. Since being admitted to the Bar, have you ever engaged in any occupation, business or profession other than the practice of law? If so, explain and provide dates. If you received any compensation of any kind outside the practice of law during this time, please list the amount of compensation received.
None.

POSSIBLE BIAS OR PREJUDICE

34. The Commission is interested in knowing if there are certain types of cases, groups of entities, or extended relationships or associations which would limit the cases for which you could sit as the presiding judge. Please list all types or classifications of cases or litigants for which you, as a general proposition, believe it would be difficult for you to sit as the presiding judge. Indicate the reason for each situation as to why you believe you might be in conflict. If you have prior judicial experience, describe the types of cases from which you have recused yourself.

As a general proposition, there are no types or classifications of cases, groups of entities, litigants, or extended relationships or associations that would prevent me from sitting as the presiding judge in County Court.

During my service as a General Magistrate, I have not recused myself from any matters.

PROFESSIONAL ACCOMPLISHMENTS AND OTHER ACTIVITIES

35. List the titles, publishers, and dates of any books, articles, reports, letters to the editor, editorial pieces, or other published materials you have written or edited, including materials published only on the Internet. Attach a copy of each listed or provide a URL at which a copy can be accessed.

***Guidance on Appointment of Conflict-Free Counsel in Criminal Proceedings*, FTCSAA, *The Circuit Courterly*, Issue 18, July 2021, pp. 13-16 (Attached).**

36. List any reports, memoranda or policy statements you prepared or contributed to the preparation of on behalf of any bar association, committee, conference, or organization of which you were or are a member. Provide the name of the entity, the date published, and a summary of the

document. To the extent you have the document, please attach a copy or provide a URL at which a copy can be accessed.
None.

37. List any speeches or talks you have delivered, including commencement speeches, remarks, interviews, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the date and place they were delivered, the sponsor of the presentation, and a summary of the presentation. If there are any readily available press reports, a transcript or recording, please attach a copy or provide a URL at which a copy can be accessed.

    Presenter, with The Honorable Senior Judge Tonya Rainwater, at the Family Law Network presentation, *Best Practices in Family Court*, on April 10, 2024, at the Law Library at Moore Justice Center in Viera, Florida, and remotely via Microsoft Teams. The presentation addressed best practices and practical considerations in Family Court proceedings. The presentation was approved for one hour of continuing legal education (CLE), Course No. 2404177N (Attached).

38. Have you ever taught a course at an institution of higher education or a bar association? If so, provide the course title, a description of the course subject matter, the institution at which you taught, and the dates of teaching. If you have a syllabus for each course, please provide.
    No.

39. List any fellowships, honorary degrees, academic or professional honors, honorary society memberships, military awards, and any other special recognition for outstanding service or achievement. Include the date received and the presenting entity or organization.

    - **Best Team Presentation, Team 5 "*Evidence: Laying the Foundation & Top Objections*" – Vassar B. Carton – American Inn of Court, Course presented March 11, 2026, in Viera, Florida**
    - **Best Team Presentation, Team 3 *"Racism in Criminal Law"* Vassar B. Carlton – American Inn of Court, Course presented November 15, 2017, in Viera, Florida.**
    - **UCF Dean's List (Fall, 1994-1995, Spring, 1994-1996)**
    - **UCF President's Honor Roll (Fall, 1995)**
    - **Award for Superior Performance on the Executive Committee as secretary, Alpha Phi Sigma National Criminal Justice and Legal Studies Honor Society, April 22, 1995**

40. Do you have a Martindale-Hubbell rating? If so, what is it and when was it earned? **No.**

41. List all bar associations, legal, and judicial-related committees of which you are or have been a member. For each, please provide dates of membership or participation. Also, for each indicate any office you have held and the dates of office.

- **State Bar of California**, Member, 2005 to present.
- **The Florida Bar**, Member, 2009 to present.
- **Family Law Network, Eighteenth Judicial Circuit,** Program Chair, 2026 to present. Responsibilities include selecting presenters, coordinating and submitting CLE programs for approval, and moderating presentations.
- **Brevard County Bar Association,** Member, 2024 to present.
- **Vassar B. Carlton Inn of Court**, Barrister, 2017 to 2019; 2025 to present.
- **Brevard County Association for Women Lawyer,** Member, 2017 to 2018; 2025 to present.
- **Florida Trial Court Staff Attorneys Association**, Member, 2016 to 2025.
- **The Florida Bar Counsel to Counsel Mentoring Program**, Mentor, 2025 to 2026.
- **Florida Trial Court Staff Attorneys Association, Education and Conference Planning Committee**, Member, 2022 to 2025.
- **Orange County Bar Association**, Member, 2015 to 2016.
- **Central Florida Bankruptcy Law Association Pro Se Assistance Clinic**, Volunteer, 2014 to 2015.

42. List all professional, business, fraternal, scholarly, civic, charitable, or other organizations, other than those listed in the previous question to which you belong, or to which you have belonged since graduating law school. For each, please provide dates of membership or participation and indicate any office you have held and the dates of office.

- **Trinity Church**, Volunteer, Connect Table and Children's Ministry, 2023 to present.
- **Eighteenth Judicial Circuit, Brevard County Summer Youth Law Program**, Volunteer Juror, High School Mock Trial Competition, 2024.
- **Odyssey of the Mind, West Melbourne School for Science**, Coach, 2021 to 2022. Coached a student team that placed third at the regional competition and eleventh at the state competition.
- **Calvary Chapel of Melbourne, Ignite Children's Ministry**, Volunteer First and Second Grade Teacher, 2016 to 2020.

43. Do you now or have you ever belonged to a club or organization that in practice or policy restricts (or restricted during the time of your membership) its membership on the basis of race, religion (other than a church, synagogue, mosque or other religious institution), national origin, or sex (other than an educational institution, fraternity or sorority)? If so, state the name and nature of the club(s) or organization(s), relevant policies and practices and whether you intend to continue as a member if you are selected to serve on the bench.

I have never belonged to a club or organization that, in practice or by policy, restricts or restricted membership on the basis of race, religion (other than a church, synagogue, mosque, or other religious institution), national origin, or sex (other than an educational institution, fraternity, or sorority).

44. Please describe any significant pro bono legal work you have done in the past 10 years, giving dates of service.

From 2014 to 2015, while engaged in the private practice of law, I volunteered with the Central Florida Bankruptcy Law Association Pro Se Assistance Clinic, located at the George C. Young Federal Annex Courthouse in Orlando, Florida. Through the clinic, I provided pro bono legal assistance to individuals representing themselves in bankruptcy proceedings, including answering questions regarding the preparation of their bankruptcy petitions and schedules and providing general guidance concerning the bankruptcy filing process. I did not serve as counsel of record for the individuals whom I assisted.

Since leaving private practice, including during my service as a Senior Staff Trial Attorney and in my current position as a General Magistrate, I have not provided pro bono legal representation because the responsibilities and restrictions of those positions do not permit me to represent private clients.

45. Please describe any hobbies or other vocational interests.

I enjoy volunteering and working with children. I particularly enjoy serving in the Children's Ministry at my church, where I volunteer as a Sunday school teacher for kindergarten and first-grade children. I enjoy teaching them about Jesus Christ and helping them learn biblical principles in an age-appropriate and engaging way. I find this work very rewarding.

46. Please state whether you have served or currently serve in the military, including your dates of service, branch, highest rank, and type of discharge.
Not applicable.

47. Please provide links to all social media and blog accounts you currently maintain, including, but not limited to, Facebook, Twitter, LinkedIn, and Instagram.

Facebook: "Tr Goebel"
Instagram: "tr_vo_go"

FAMILY BACKGROUND

48. Please state your current marital status. If you are currently married, please list your spouse's name, current occupation, including employer, and the date of the marriage. If you have ever been divorced, please state for each former spouse their name, current address, current telephone number, the date and place of the divorce and court and case number information.

I am married to Randy D. Goebel. He is employed as a Mobile Response Team Care Coordinator with Family Partnerships of Central Florida. We were married on May 29, 1999 (27 years).

49. If you have children, please list their names and ages. If your children are over 18 years of age, please list their current occupation, residential address, and a current telephone number.

Sarah E. Goebel, 19 years old; full-time student and part-time Clerk of Court – Pro se Coordinator, [redacted]; (321) 831-4551.

Emma P. Goebel, 14 years old.

CRIMINAL AND MISCELLANEOUS ACTIONS

50. Have you ever been convicted of a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.
No.

51. Have you ever pled nolo contendere or guilty to a crime which is a felony or misdemeanor, including adjudications of guilt withheld? If so, please list and provide the charges, case style, date of conviction, and terms of any sentence imposed, including whether you have completed those terms.
No.

52. Have you ever been arrested, regardless of whether charges were filed? If so, please list and provide sufficient details surrounding the arrest, the approximate date and jurisdiction.
No.

53. Have you ever been a party to a lawsuit, either as the plaintiff, defendant, petitioner, or respondent? If so, please supply the case style, jurisdiction/county in which the lawsuit was filed, case number, your status in the case, and describe the nature and disposition of the matter.
No.

54. To your knowledge, has there ever been a complaint made or filed alleging malpractice as a result of action or inaction on your part?
None.

55. To the extent you are aware, have you or your professional liability carrier ever settled a claim against you for professional malpractice? If so, give particulars, including the name of the client(s), approximate dates, nature of the claims, the disposition and any amounts involved.
None.

56. Has there ever been a finding of probable cause or other citation issued against you or are you presently under investigation for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or other professional group. If so, provide the particulars of each finding or investigation.
None.

57. To your knowledge, within the last ten years, have any of your current or former co-workers, subordinates, supervisors, customers, clients, or the like, ever filed a formal complaint or accusation of misconduct including, but not limited to, any allegations involving sexual harassment, creating a hostile work environment or conditions, or discriminatory behavior against you with any regulatory or investigatory agency or with your employer? If so, please state the date of complaint or accusation, specifics surrounding the complaint or accusation, and the resolution or disposition.
None.

58. Are you currently the subject of an investigation which could result in civil, administrative, or criminal action against you? If yes, please state the nature of the investigation, the agency conducting the investigation, and the expected completion date of the investigation.
No.

59. Have you ever filed a personal petition in bankruptcy or has a petition in bankruptcy been filed against you, this includes any corporation or business entity that you were involved with? If so, please provide the case style, case number, approximate date of disposition, and any relevant details surrounding the bankruptcy.
No.

60. In the past ten years, have you been subject to or threatened with eviction proceedings? If yes, please explain.
No.

61. Please explain whether you have complied with all legally required tax return filings. To the extent you have ever had to pay a tax penalty or a tax lien was filed against you, please explain giving the date, the amounts, disposition, and current status.

I have complied with all legally required tax return filings and have never been subject to a tax penalty or had a tax lien filed against me.

HEALTH

62. Are you currently addicted to or dependent upon the use of narcotics, drugs, or alcohol? **No.**

63. During the last ten years have you been hospitalized or have you consulted a professional or have you received treatment or a diagnosis from a professional for any of the following: Kleptomania, Pathological or Compulsive Gambling, Pedophilia, Exhibitionism or Voyeurism? If your answer is yes, please direct each such professional, hospital and other facility to furnish the Chairperson of the Commission any information the Commission may request with respect to any such hospitalization, consultation, treatment or diagnosis. ["Professional" includes a Physician, Psychiatrist, Psychologist, Psychotherapist or Mental Health Counselor.] Please describe such treatment or diagnosis.

No.

64. In the past ten years have any of the following occurred to you which would interfere with your ability to work in a competent and professional manner: experiencing periods of no sleep for two or three nights, experiencing periods of hyperactivity, spending money profusely with extremely poor judgment, suffering from extreme loss of appetite, issuing checks without sufficient funds, defaulting on a loan, experiencing frequent mood swings, uncontrollable tiredness, falling asleep without warning in the middle of an activity. If yes, please explain.

None.

65. Do you currently have a physical or mental impairment which in any way limits your ability or fitness to properly exercise your duties as a member of the Judiciary in a competent and professional manner? If yes please explain the limitation or impairment and any treatment, program or counseling sought or prescribed.

None.

66. During the last ten years, have you ever been declared legally incompetent or have you or your property been placed under any guardianship, conservatorship or committee? If yes, provide full details as to court, date, and circumstances.

No.

67. During the last ten years, have you unlawfully used controlled substances, narcotic drugs, or dangerous drugs as defined by Federal <u>or</u> State laws? If your answer is "Yes," explain in detail. (Unlawful use includes the use of one or more drugs and/or the unlawful possession or distribution of drugs. It does not include the use of drugs taken under supervision of a licensed health care professional or other uses authorized by Federal <u>or</u> State law provisions.)

None.

68. In the past ten years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned, or terminated by an employer as result of your alleged consumption of alcohol, prescription drugs, or illegal drugs? If so, please state the circumstances under which such action was taken, the name(s) of any persons who took such action, and the background and resolution of such action.

No.

69. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of alcohol or drugs? If so, please state the date you were requested to submit

to such a test, the type of test required, the name of the entity requesting that you submit to the test, the outcome of your refusal, and the reason why you refused to submit to such a test.

No.

70. In the past ten years, have you suffered memory loss or impaired judgment for any reason? If so, please explain in full.

No.

SUPPLEMENTAL INFORMATION

71. Describe any additional education or experiences you have which could assist you in holding judicial office.

My service as a General Magistrate has provided me with substantial judicial education and experience that would assist me in holding judicial office. As a newly appointed General Magistrate, I completed the 2025 Florida Judicial College (FJC) Phase I and Phase II programs in January and March 2025, respectively. These programs provided instruction and practical training in judicial ethics, courtroom administration, judicial decision-making, evidence, procedure, and other areas relevant to the effective performance of judicial duties.

I also attended the 2025 Marital & Family Law Review Course, which further enhanced my knowledge of substantive and procedural issues arising in family law matters. In addition, since 2026, I have served as Program Chair for the Family Law Network of the Eighteenth Judicial Circuit. In this role, I select presenters, coordinate and submit programs for continuing legal education (CLE) approval, and moderate presentations. This experience has further developed my ability to identify significant legal issues, evaluate and communicate substantive legal information, coordinate educational programs, and engage with members of the legal profession.

My experience as a General Magistrate, combined with my prior experience as a Staff Attorney and Senior Staff Trial Attorney handling criminal, family, civil, and appellate matters, has provided me with a broad foundation in legal research, judicial decision-making, courtroom proceedings, and the practical application of the law.

72. Explain the particular contribution you believe your selection would bring to this position and provide any additional information you feel would be helpful to the Commission and Governor in evaluating your application.

I believe my selection would bring to the position a strong work ethic, perseverance, humility, and a genuine commitment to public service. I do not give up when faced with difficult or challenging matters, and I am willing to put in the time and effort necessary to

understand the issues before me and make well-reasoned decisions. I am committed to continually learning and improving my knowledge of the law so that I can serve effectively and fairly.

My experience as a General Magistrate has taught me the importance of patience, preparation, careful listening, and treating every person who comes before the Court with dignity and respect. I have a deep respect for the rule of law and understand the responsibility entrusted to those who serve in the judiciary. I strive to approach each matter with an open mind, without preconceived notions, and to make decisions based upon the law and the evidence presented.

I am grateful for the opportunity I have been given to serve as a General Magistrate, and I would be equally grateful for the opportunity to continue serving the people of Brevard County as a County Judge. I would bring to the position my commitment to hard work, fairness, integrity, continual learning, and respectful and impartial service to every person who comes before the Court.

REFERENCES

73. List the names, addresses, e-mail addresses and telephone numbers of ten persons who are in a position to comment on your qualifications for a judicial position and of whom inquiry may be made by the Commission and the Governor.

The Honorable Judge Robert Segal
Eighteenth Judicial Circuit
2825 Judge Fran Jamieson Way
Viera, FL 32940
Judicial Assistant: Debbie Lansing
debbie.lansing@flcourts18.org
(321) 637-5641

Relationship: Judge Segal serves as the Administrative Judge for Family Law in the Eighteenth Judicial Circuit. In my capacity as a General Magistrate in the Family Division, I work within the Family Law Division under his administrative leadership. Judge Segal is therefore familiar with my work as a General Magistrate, including my handling of family law matters, conduct of hearings, legal analysis, decision-making, and interaction with litigants and attorneys. He is in a position to comment on my qualifications, temperament, professionalism, and suitability for judicial office.

The Honorable Judge Charles Crawford
Eighteenth Judicial Circuit
2825 Judge Fran Jamieson Way
Viera, FL 32940

Judicial Assistant: Tatum Henry
tatum.henry@flcourts18.org
(321) 617-7258

Relationship: Judge Crawford serves as the Deputy Chief Judge of the Eighteenth Judicial Circuit. In my capacity as a Senior Trial Court Staff Attorney, I worked with Judge Crawford in the judicial setting, and he subsequently appointed me to serve as a General Magistrate. Through these professional interactions and his familiarity with my work, he is in a position to comment on my legal knowledge, professional judgment, temperament, professionalism, and ability to fulfill the responsibilities of judicial office.

The Honorable Judge Jigisa Dookhoo
Eighteenth Judicial Circuit
2825 Judge Fran Jamieson Way
Viera, FL 32940
Judicial Assistant: Chris Trammell
chris.trammell@flcourts18.org
(321) 617-7281

Relationship: Judge Dookhoo is a Family Law Judge in the Eighteenth Judicial Circuit. From 2022 through 2025, I worked under her supervision and had the opportunity to work closely with her on family law matters. Through this professional relationship, she became familiar with my legal research and analysis, preparation, professionalism, work ethic, judgment, and handling of family law matters. She is in a position to comment on my qualifications, temperament, and suitability for judicial office.

The Honorable Judge Kristen Smith-Rodriguez
Eighteenth Judicial Circuit
2825 Judge Fran Jamieson Way
Viera, FL 32940
Judicial Assistant: Karen Flash
karen.flash@flcourts18.org
(321) 617-7283

Relationship: Judge Smith-Rodriguez serves as a Family Law Judge in the Eighteenth Judicial Circuit. Through our professional interactions and my service as a General Magistrate in the Family Division, she has had the opportunity to observe my legal knowledge, professional judgment, temperament, professionalism, and commitment to the responsibilities of judicial office. She can speak to my qualifications and suitability for judicial office.

The Honorable General Magistrate Kurt Erlenbach
Eighteenth Judicial Circuit
Titusville Courthouse

506 S. Palm Avenue
Titusville, FL 32796
Administrative Assistant: Maureen Salamone
Maureen.Salamone@flcourts18.org
(321) 635-5429

Relationship: General Magistrate Erlenbach is a colleague in the Eighteenth Judicial Circuit. Through our professional interactions and our work within the judicial system, he has had the opportunity to observe my legal knowledge, professional judgment, temperament, professionalism, and commitment to the responsibilities of judicial office. He can speak to my qualifications and suitability for judicial office.

Kim Swarthout, Esq. (Retired)
Former Supervising Senior Trial Court Staff Attorney
2736 Empire Avenue
Melbourne, FL 32934-7578
(T) (321) 480-7360
kimswarthout@bellsouth.net

Relationship: Ms. Swarthout was my mentor and supervising Senior Trial Court Staff Attorney from January 11, 2016, until her retirement in 2023. During that time, she worked closely with me and had the opportunity to evaluate my legal research, legal writing, analytical abilities, work ethic, professionalism, and professional judgment. She is also familiar with my work and interactions with the judges of the Eighteenth Judicial Circuit and my responsibilities as a Staff Attorney. Since her retirement, we have remained close friends.

Ashley Neff
Campus President
Keiser University
1800 Business Park Blvd
Daytona Beach, FL 32114
Aneff@Keiseruniversity.edu
(321) 604-1047

Relationship: I have known Ms. Neff for more than 15 years. Over the course of our longstanding relationship, she has had the opportunity to observe my character, integrity, professionalism, and work ethic.

Kari Finch
Director of Kids Ministry
Trinity Church
305 East Drive, Suite L
Melbourne, FL 32904

321-591-6091

Relationship: I have worked closely with Ms. Finch as a volunteer teacher for kindergarten and first-grade students in Trinity Kids. Through our work together, she has had the opportunity to observe my character, professionalism, work ethic, dependability, and commitment to my responsibilities. She can speak to my ability to work collaboratively with others, interact positively with children and families, and consistently fulfill my responsibilities with care and dedication.

Melanie Branch, Esq.
Ghantous & Branch, PLLC
1927 S. Fern Creek Ave.
Orlando, FL 32806-4158
(407) 270-7939
mbranch@ghantousandbranch.com

Relationship: Ms. Branch and I were colleagues at Kaufman, Englett & Lynd, where we practiced foreclosure defense. I have known Ms. Branch for approximately 15 years. Based on our professional experience working together, Ms. Branch can speak to my character, professionalism, work ethic, and commitment to my responsibilities.

Stuart Ferderer, Esq.
Former Chapter 13 Trustee
P.O. Box 3450
Winter Park, FL 32790-3450
(407) 648-8841

Relationship: I appeared before Mr. Ferderer in his capacity as a Chapter 13 Trustee in the United States Bankruptcy Court for the Middle District of Florida in connection with creditors' meetings and Chapter 13 plan confirmation proceedings. I also communicated with Mr. Ferderer regarding issues and concerns involving my clients' income, expenses, and debts. Through these professional interactions, he had the opportunity to observe my preparation, legal knowledge, professionalism, judgment, and ability to effectively address and resolve issues arising in bankruptcy proceedings.

CERTIFICATE

I have read the foregoing questions carefully and have answered them truthfully, fully and completely. I hereby waive notice by and authorize The Florida Bar or any of its committees, educational and other institutions, the Judicial Qualifications Commission, the Florida Board of Bar Examiners or any judicial or professional disciplinary or supervisory body or commission, any references furnished by me, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer and credit reporting agencies to release to the respective Judicial Nominating Commission and Office of the Governor any information, files, records or credit reports requested by the commission in connection with any consideration of me as possible nominee for appointment to judicial office. Information relating to any Florida Bar disciplinary proceedings is to be made available in accordance with Rule 3-7.1(l), Rules Regulating The Florida Bar. I recognize and agree that, pursuant to the Florida Constitution and the Uniform Rules of this commission, the contents of this questionnaire and other information received from or concerning me, and all interviews and proceedings of the commission, except for deliberations by the commission, shall be open to the public.

Further, I stipulate I have read and understand the requirements of the Florida Code of Judicial Conduct.

Dated this 14th day of September, 20 26.

Trang Goebel
Printed Name

Signature

State of Florida
County of Brevard

Sworn to (or affirmed) and subscribed before me by means of
☒physical presence OR ☐online notarization
this 14th day of September, 20 26.

By Trang Goebel
☒Personally known ____
☐Produced ID____
Type of Identification ______________________

Lakisha D. Wilcox
Signature Notary Public

LAKISHA D. WILCOX
MY COMMISSION #HH498481
EXPIRES: MAY 03, 2028
Bonded through 1st State Insurance

____

Printed name of Notary Public

(Pursuant to Section 119.071(4)(d)(1), F.S.), . . . *The home addresses and telephone numbers of justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; the home addresses, telephone numbers, and places of employment of the spouses and children of justices and judges; and the names and locations of schools and day care facilities attended by the children of justices and judges are exempt from the provisions of subsection (1), dealing with public records.*

FINANCIAL HISTORY

1. State the amount of gross income you have earned, or losses you have incurred (before deducting expenses and taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

   Current Year-To-Date: $72,596.32

   Last Three Years: $106,113.66 $77,129.62 $68,643.42

2. State the amount of net income you have earned, or losses you have incurred (after deducting expenses but not taxes) from the practice of law for the preceding three-year period. This income figure should be stated on a year to year basis and include year to date information, and salary, if the nature of your employment is in a legal field.

   Current Year-To-Date: $53,965.19

   Last Three Years: $78,391.36 $56,095.69 $49,631.90

3. State the gross amount of income or loses incurred (before deducting expenses or taxes) you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

   Current Year-To-Date: None.

   Last Three Years: None.

4. State the amount you have earned in the preceding three years on a year by year basis from all sources other than the practice of law, and generally describe the source of such income or losses.

   Current Year-To-Date: None.

   Last Three Years: None.

5. State the amount of net income you have earned or losses incurred (after deducting expenses) from all sources other than the practice of law for the preceding three-year period on a year by year basis, and generally describe the sources of such income or losses.

   Current Year-To-Date: None.

   Last Three Years: None.

INSTRUCTIONS FOR COMPLETING FORM 6:

PUBLIC RECORD: The disclosure form and everything attached to it is a public record. **Your Social Security Number is not required and you should redact it from any documents you file.** If you are an active or former officer or employee listed in Section 119.071(4)(d), F.S., whose home address is exempt from disclosure, the Commission is required to maintain the confidentiality of your home address ***if you submit a written request for confidentiality.***

PART A – NET WORTH

Report your net worth as of December 31 or a more current date, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of all your assets and subtract the amount of all of your liabilities. Simply subtracting the liabilities reported in Part C from the assets reported in Part B will not result in an accurate net worth figure in most cases.

To total the value of your assets, add:

(1) The aggregate value of household goods and personal effects, as reported in Part B of this form;

(2) The value of all assets worth over $1,000, as reported in Part B; and
(3) The total value of any assets worth less than $1,000 that were not reported or included in the category of "household goods and personal effects."

To total the amount of your liabilities, add:

(1) The total amount of each liability you reported in Part C of this form, except for any amounts listed in the "joint and several liabilities not reported above" portion; and,
(2) The total amount of unreported liabilities (including those under $1,000, credit card and retail installment accounts, and taxes owed).

PART B – ASSETS WORTH MORE THAN $1,000

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

The value of your household goods and personal effects may be aggregated and reported as a lump sum, if their aggregate value exceeds $1,000. The types of assets that can be reported in this manner are described on the form.

ASSETS INDIVIDUALLY VALUED AT MORE THAN $1,000:

Provide a description of each asset you had on the reporting date chosen for your net worth (Part A), that was worth more than $1,000 and that is not included as household goods and personal effects, and list its value. Assets include: interests in real property; tangible and intangible personal property, such as cash, stocks, bonds, certificates of deposit, interests in partnerships, beneficial interest in a trust, promissory notes owed to you, accounts received by you, bank accounts, assets held in IRAs, Deferred Retirement Option Accounts, and Florida Prepaid College Plan accounts. You are not required to disclose assets owned solely by your spouse.

How to Identify or Describe the Asset:

— Real property: Identify by providing the street address of the property. If the property has no street address, identify by describing the property's location in a manner sufficient to enable a member of the public to ascertain its location without resorting to any other source of information.

— Intangible property: Identify the type of property and the business entity or person to which or to whom it relates. **Do not list simply "stocks and bonds" or "bank accounts."** For example, list "Stock (Williams Construction Co.)," "Bonds (Southern Water and Gas)," "Bank accounts(First

National Bank)," "Smith family trust," Promissory note and mortgage (owed by John and Jane Doe)."

How to Value Assets:

— Value each asset by its fair market value on the date used in Part A for your net worth.

— Jointly held assets: If you hold real or personal property jointly with another person, your interest equals your legal percentage of ownership in the property. However, assets that are held as tenants by the entirety or jointly with right of survivorship must be reported at 100% of their value.

— Partnerships: You are deemed to own an interest in a partnership which corresponds to your interest in the equity of that partnership.

— Trusts: You are deemed to own an interest in a trust which corresponds to your percentage interest in the trust corpus.

— Real property may be valued at its market value for tax purposes, unless a more accurate appraisal of its fair market value is available.

— Marketable securities which are widely traded and whose prices are generally available should be valued based upon the closing price on the valuation date.

— Accounts, notes, and loans receivable: Value at fair market value, which generally is the amount you reasonably expect to collect.

— Closely-held businesses: Use any method of valuation which in your judgment most closely approximates fair market value, such as book value, reproduction value, liquidation value, capitalized earnings value, capitalized cash flow value, or value established by "buy-out" agreements. It is suggested that the method of valuation chosen be indicated in a footnote on the form.

— Life insurance: Use cash surrender value less loans against the policy, plus accumulated dividends.

PART C—LIABILITIES

LIABILITIES IN EXCESS OF $1,000:

List the name and address of each creditor to whom you were indebted on the reporting date chosen for your net worth (Part A) in an amount that exceeded $1,000 and list the amount of the liability. Liabilities include: accounts payable; notes payable; interest payable; debts or obligations to governmental entities other than taxes (except when the taxes have been reduced to a judgment); and judgments against you. You are not required to disclose liabilities owned *solely* by your spouse.

You do not have to list on the form any of the following: credit card and retail installment accounts, taxes owed unless the taxes have been reduced to a judgment), indebtedness on a life insurance policy owned to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a partner (without personal liability) for partnership debts, or where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" on a note and have signed as being jointly liable or jointly and severally liable, then this is not a contingentliability.

How to Determine the Amount of a Liability:

— Generally, the amount of the liability is the face amount of the debt.

— If you are the only person obligated to satisfy a liability, 100% of the liability should be listed.

— If you are jointly and severally liable with another person or entity, which often is the case where more than one person is liable on a promissory note, you should report here only the portion of the liability that corresponds to your percentage of liability. *However*, if you are jointly and severally liable for a debt relating to property you own with one or more others as tenants by the entirely or jointly, with right of survivorship, report 100% of the total amount owed.

— If you are only jointly (not jointly and severally) liable with another person or entity, your share of the liability should be determined in the same way as you determined your share of jointly held assets.

Examples:

— You owe $10,000 to a bank for student loans, $5,000 for credit card debts, and $60,000 with your spouse to a saving and loan for the mortgage on the home you own with your spouse. You must report the name and address of the bank ($10,000 being the amount of that liability) and the name and address of the savings and loan ($60,000 being the amount of this liability). The credit cards debts need not be reported.

— You and your 50% business partner have a $100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and $50,000 as the amount of the liability. If your liability for the loan is only as a partner, without personal liability, then the loan would be a contingent liability.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

List in this part of the form the amount of each debt, for which you were jointly and severally liable, that is not reported in the "Liabilities in Excess of $1,000" part of the form. Example: You and your 50% business partner have a $100,000 business loan from a bank and you both are jointly and severally liable. Report the name and address of the bank and $50,000 as the amount of the liability, as you reported the other 50% of the debt earlier.

PART D – INCOME

As noted on the form, you have the option of either filing a copy of your latest federal income tax return, including all schedules, W2's and attachments, with Form 6, or completing Part D of the form. If you do not attach your tax return, you must complete Part D.

PRIMARY SOURCES OF INCOME:

List the name of each source of income that provided you with more than $1,000 of income during the year, the address of that source, and the amount of income received from that source. The income of your spouse need not be disclosed; however, if there is a joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income.

"Income" means the same as "gross income" for federal income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples of income include: compensation for services, gross income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, distributive share of partnership gross income, and alimony, but not child support. Where income is derived from a business activity you should report that income to you, as calculated for income tax purposes, rather than the income to the business.

Examples:

— If you owned stock in and were employed by a corporation and received more than $1,000 of income (salary, commissions, dividends, etc.) from the company, you should list the name of the company, its address, and the total amount of income received from it.

— If you were a partner in a law firm and your distributive share of partnership gross income exceeded $1,000, you should list the name of the firm, its address, and the amount of your distributive share.

— If you received dividend or interest income from investments in stocks and bonds, list only each individual company from which you received more than $1,000. Do not aggregate income from all of these investments.

— If more than $1,000 of income was gained from the sale of property, then you should list as a source of income the name of the purchaser, the purchaser's address, and the amount of gain from the sale. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed simply as "sale of (name of company) stock," for example.

— If more than $1,000 of your income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and the amount of income from that institution.

SECONDARY SOURCE OF INCOME:

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported as a "Primary Source of Income." You will ***not*** have anything to report ***unless***:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) during the disclosure period, more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, limited partnership, LLC, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and

(2) You received more than $1,000 in gross income from that business entity during the period.

If your ownership and gross income exceeded the two thresholds listed above, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's more recently completed fiscal year), the source's address, the source's principal business activity, and the name of the business entity in which you owned an interest. You do not have to list the amount of income the business derived from that major source of income.

Examples:

— You are the sole proprietor of a dry cleaning business, from which you received more than $1,000 in gross income last year. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of your business, the name of the uniform rental company, its address, and its principal business activity (uniform rentals).

— You are a 20% partner in a partnership that owns a shopping mall and your gross partnership income exceeded $1,000. You should list the name of the partnership, the name of each tenant of the mall that provided more than 10% of the partnership's gross income, the tenant's address and principal business activity.

PART E – INTERESTS IN SPECIFIED BUSINESS

The types of businesses covered in this section include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies, credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies; utility companies; and entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period, more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of business for which you are, or were at any time during the year an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list: the name of the business, its address and principal business activity, and the position held with the business (if any). Also, if you own(ed) more than a 5% interest in the business, as described above, you must indicate that fact and describe the nature of your interest.

FORM 6
FULL AND PUBLIC

DISCLOSURE OF
FINANCIAL INTEREST

PART A – NET WORTH

Please enter the value of your net worth as of December 31 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of Sept., 2026 was $304,683.40.

PART B - ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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 effects (described above) is $ 22,625

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required – see instructions p. 3)	VALUE OF ASSET
[redacted]	$381,325.00
State of Florida Deferred Compensation Plan - 457	$27,247.40
Forida Pension Retirement System	$20,596.00
Chase Premier Checking accounts and savings	$5,000.00
Florida Pre-Paid College Plan	$11,190.00

PART C - LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
[redacted], PO Box 60516, City of Industry, CA 91716	$113,000.00
[redacted], 1030 US Highway I, Rockledge, FL 32955	$34,600.00
[redacted] P.O. Box 54807, Los Angeles CA 90054	$15,700.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D - INCOME

You may *EITHER* (1) file a complete copy of your latest federal income tax return, *including all W2's, schedules, and attachments,* ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds $1,000 including secondary sources of income, by completing the remainder of Part D, below.

☒ I elect to file a copy of my latest federal income tax return and all W2's, schedules, and attachments.
(if you check this box and attach a copy of your latest tax return, you need *not* complete the remainder of Part D.]

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 6]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E – INTERESTS IN SPECIFIC BUSINESS [Instructions on page 7]

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

[signature]

SIGNATURE

STATE OF FLORIDA

COUNTY OF Brevard

Sworn to (or affirmed) and subscribed before me this 14th day of Sept, 2026 by Trang Goebel

Lakisha D. Wilcox

(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ *OR* Produced Identification ______

Type of Identification Produced ______

LAKISHA D. WILCOX
MY COMMISSION #HH498481
EXPIRES: MAY 03, 2028
Bonded through 1st State Insurance

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse
☐ Other

Your first name and middle initial	Last name	Your social security number
Trang K	Goebel	[redacted]
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
Randy D	Goebel	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] State [redacted] ZIP code [redacted]

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status

Check only one box.

- ☐ Single
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Dependents

(see instructions) If more than four dependents, see instructions and check here ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	Sarah E	Emma P		
(2) Last name	Goebel	Goebel		
(3) SSN	[redacted]	[redacted]		
(4) Relationship	Daughter	Daughter		
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☒ Credit for other dependents	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	143,300.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	0.
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	143,300.
2a	Tax-exempt interest 2a / b Taxable interest	2b	
3a	Qualified dividends 3a / b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a / b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a / b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		
6a	Social security benefits 6a / b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	143,300.
10	Adjustments to income from Schedule 1, line 26	10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	143,300.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)		11b	143,300.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent			
b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien			
d	You: ☐ Were born before January 2, 1961 ☐ Are blind			
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind			
e	**Standard deduction or itemized deductions** (from Schedule A)		12e	31,500.
13a	Qualified business income deduction from Form 8995 or Form 8995-A		13a	
b	Additional deductions from Schedule 1-A, line 38		13b	
14	Add lines 12e, 13a, and 13b		14	31,500.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**		15	111,800.
16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	14,424.
17	Amount from Schedule 2, line 3		17	
18	Add lines 16 and 17		18	14,424.
19	Child tax credit or credit for other dependents from Schedule 8812		19	2,700.
20	Amount from Schedule 3, line 8		20	1,127.
21	Add lines 19 and 20		21	3,827.
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	10,597.
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
24	Add lines 22 and 23. This is your **total tax**		24	10,597.

Standard deduction for—
- Single or Married filing separately, $15,750
- Married filing jointly or Qualifying surviving spouse, $31,500
- Head of household, $23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	9,571.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	9,571.
26	2025 estimated tax payments and amount applied from 2024 return			26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):				
27a	Earned income credit (EIC)	27a			
b	Clergy filing Schedule SE (see instructions) ☐				
c	If you do not want to claim the EIC, check here ☐				
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28			
29	American opportunity credit from Form 8863, line 8	29	752.		
30	Refundable adoption credit from Form 8839, line 13	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32	752.
33	Add lines 25d, 26, and 32. These are your **total payments**			33	10,323.

If you have a qualifying child, you may need to attach Sch. EIC.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings		
d	Account number XXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	274.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Attorney	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		General Magistrate	
Phone no. [redacted]	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Trang K & Randy D Goebel

Your social security number: [redacted]

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	1,127.
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount:	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	1,127.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions):	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: Trang K & Randy D Goebel

Your social security number: [redacted]

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	143,300.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	143,300.
4	Number of qualifying children under age 17 with the required social security number	4	1		
5	Multiply line 4 by $2,200			5	2,200.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500.
8	Add lines 5 and 7			8	2,700.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11?			12	2,700.
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	13,297.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	2,700.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use			15	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit			16a	0.
b	Number of qualifying children under age 17 with the required social security number: ________ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit			16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			17	
18a	Earned income (see instructions)	18a			
b	Nontaxable combat pay (see instructions) 18b				
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19			
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	
	Next. On line 16b, is the amount $5,100 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22			
23	Add lines 21 and 22	23			
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24			
25	Subtract line 24 from line 23. If zero or less, enter -0-			25	
26	Enter the **larger** of line 20 or line 25			26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	

Form **8863**

Department of the Treasury
Internal Revenue Service

Education Credits
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/Form8863* for instructions and the latest information.

OMB No. 1545-0074
2025
Attachment Sequence No. **50**

Name(s) shown on return: Trang K & Randy D Goebel

Your social security number: [redacted]

Caution: Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30			1	1,879.
2	Enter $180,000 if married filing jointly; or $90,000 if single, head of household, or qualifying surviving spouse	2	180,000.		
3	Enter the amount from Form 1040 or 1040-SR, line 11b. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3	143,300.		
4	Subtract line 3 from line 2. If zero or less, **stop**; you can't take any education credit	4	36,700.		
5	Enter $20,000 if married filing jointly; or $10,000 if single, head of household, or qualifying surviving spouse	5	20,000.		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6; or • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places).			6	1.000
7	Multiply line 1 by line 6. **Caution:** If you were under age 24 at the end of the year **and** meet the conditions described in the instructions, you **can't** take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐			7	1,879.
8	**Refundable American opportunity credit.** Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	752.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet. See instructions			9	1,127.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	
11	Enter the smaller of line 10 or $10,000			11	
12	Multiply line 11 by 20% (0.20)			12	
13	Enter $180,000 if married filing jointly; or $90,000 if single, head of household, or qualifying surviving spouse	13			
14	Enter the amount from Form 1040 or 1040-SR, line 11b. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15			
16	Enter $20,000 if married filing jointly; or $10,000 if single, head of household, or qualifying surviving spouse	16			
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18; or • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places).			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet. See instructions			18	
19	**Nonrefundable education credits.** Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3			19	1,127.

Name(s) shown on return: Trang K & Randy D Goebel

Your social security number: [redacted]

Caution: Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information (see instructions)

20 Student name (as shown on page 1 of your tax return)
Sarah E
Goebel

21 Student social security number (as shown on page 1 of your tax return)
625-61-4244

22 Educational institution information (see instructions)

a Name of first educational institution	b Name of second educational institution (if any)
Eastern Florida State College	
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1519 Clearlake Road Cocoa FL 32922	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2025? ☒ Yes ☐ No	(2) Did the student receive Form 1098-T from this institution for 2025? ☐ Yes ☐ No
(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked? ☐ Yes ☒ No	(3) Did the student receive Form 1098-T from this institution for 2024 with box 7 checked? ☐ Yes ☐ No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 59-0920675	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.

23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?
☐ **Yes—Stop!** Go to line 31 for this student. ☒ **No**—Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2025 at an eligible educational institution in a program leading toward a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.
☒ **Yes**—Go to line 25. ☐ **No—Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2025? See instructions.
☐ **Yes—Stop!** Go to line 31 for this student. ☒ **No**—Go to line 26.

26 Was the student convicted, before the end of 2025, of a felony for possession or distribution of a controlled substance?
☐ **Yes—Stop!** Go to line 31 for this student. ☒ **No**—Complete lines 27 through 30 for this student.

Caution: You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). **Don't enter more than $4,000**	27	1,879.
28	Subtract $2,000 from line 27. If zero or less, enter -0-	28	0.
29	Multiply line 28 by 25% (0.25)	29	0.
30	If line 28 is zero, enter the amount from line 27. Otherwise, add $2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	1,879.

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	

	a Em[redacted]ber	Payroll organization code 22-20-18-00-123	Intradepartment number 0000000000
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 94,275.09	2 Federal income tax withheld 7,666.01
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 100,158.51	4 Social security tax withheld 6,209.83
		5 Medicare wages and tips 100,158.51	6 Medicare tax withheld 1,452.30
		7 Social security tips	10 Dependent care benefits
d Control number 017551 01/07		11 Nonqualified plans	12a See instructions for box 12 G 2,700.00
e Employee's first name, mi and last name TRANG K GOEBEL 1842 SORENTO CIRCLE WEST MELBOURNE, FL 32904-0000 f Employee's address and ZIP code		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b DD 24,351.68
		14 Other 125 5,955.15	12c
			12d
			12e

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

	a Em[redacted]mber	Payroll organization code 22-20-18-00-123	Intradepartment number 0000000000
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 94,275.09	2 Federal income tax withheld 7,666.01
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 100,158.51	4 Social security tax withheld 6,209.83
		5 Medicare wages and tips 100,158.51	6 Medicare tax withheld 1,452.30
		7 Social security tips	10 Dependent care benefits
d Control number 017551 01/07		11 Nonqualified plans	12a See instructions for box 12 G 2,700.00
e Employee's first name, mi and last name TRANG K GOEBEL 1842 SORENTO CIRCLE WEST MELBOURNE, FL 32904-0000 f Employee's address and ZIP code		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b DD 24,351.68
		14 Other 125 5,955.15	12c
			12d
			12e

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

FORM **W-2** **WAGE AND TAX STATEMENT** **2025**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W REV. 06/18/2025

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0029

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
1540600	49025.12	1905.04
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
76-0689539	51947.76	3220.75
a [redacted]	5 Medicare wages and tips	6 Medicare tax withheld
	51947.76	753.13

c Employer's name, address and ZIP code

INSPERITY PEO SERVICES, L.P.
COMMUNITY BASED CARE OF BREVARD, INC.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339-3802

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 — Code D 2922.64
12b Code AA 2825.49	12c Code	12d Code

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

RANDY D GOEBEL
1842 SORENTO CIR
MELBOURNE FL 32904-3108

2025 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
1540600	49025.12	1905.04
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
76-0689539	51947.76	3220.75
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
605-03-5300	51947.76	753.13

c Employer's name, address and ZIP code

INSPERITY PEO SERVICES, L.P.
COMMUNITY BASED CARE OF BREVARD, INC.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339-3802

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 — Code D 2922.64
12b Code AA 2825.49	12c Code	12d Code

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

RANDY D GOEBEL
1842 SORENTO CIR
MELBOURNE FL 32904-3108

2025 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
1540600	49025.12	1905.04
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
76-0689539	51947.76	3220.75
a [redacted]	5 Medicare wages and tips	6 Medicare tax withheld
	51947.76	753.13

c Employer's name, address and ZIP code

INSPERITY PEO SERVICES, L.P.
COMMUNITY BASED CARE OF BREVARD, INC.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339-3802

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 2922.64
12b Code AA 2825.49	12c Code	12d Code

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

RANDY D GOEBEL
1842 SORENTO CIR
MELBOURNE FL 32904-3108

2025 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury – Internal Revenue Service

OMB No. 1545-0029

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
1540600	49025.12	1905.04
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
76-0689539	51947.76	3220.75
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
605-03-5300	51947.76	753.13

c Employer's name, address and ZIP code

INSPERITY PEO SERVICES, L.P.
COMMUNITY BASED CARE OF BREVARD, INC.
19001 CRESCENT SPRINGS DR
KINGWOOD TX 77339-3802

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code D 2922.64
12b Code AA 2825.49	12c Code	12d Code

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

RANDY D GOEBEL
1842 SORENTO CIR
MELBOURNE FL 32904-3108

2025 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax Statement

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury – Internal Revenue Service

Rocket Mortgage

RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 818060 | 5801 Postal Road | Cleveland, OH 44181

Loan Number
[redacted]

Property Address
[redacted]

Notice Date
1/2/26

RANDY D. GOEBEL
KATHY TRANG GOEBEL
[redacted]

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL ESCROW AND INTEREST STATEMENT

RANDY D. GOEBEL
KATHY TRANG GOEBEL
1842 SORENTO CIR
MELBOURNE, FL 32904

Rocket Mortgage
8950 Cypress Waters Blvd.
Coppell, TX 75019
TIN#: 75-2921540

YEAR: 202[redacted]
ACCT #[redacted]

DISBURSEMENTS FROM ESCROW
PROPERTY TAXES: $1,959.72
HAZARD INSURANCE: $6,323.00

CURRENT TOTAL PYMT: $1,446.00
CURRENT ESCROW PYMT: $874.78
CURRENT OPTIONAL INS PYMT: $0.00

PRINCIPAL RECONCILIATION
BEG BAL: $118,428.77
APPLIED BALANCE: $3,050.88
ENDING BAL: $115,377.89

INTEREST RECONCILIATION
INTEREST PAID: $3,803.76
MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S): $3,803.76

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
Rocket Mortgage
8950 Cypress Waters Blvd.
Coppell, TX 75019
888-480-2432

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380
Form **1098**
(Rev. January 2022)
For calendar year 2025

Mortgage Interest Statement

Copy B
For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

1 Mortgage interest received from payer(s)/borrower(s)* $ 3,803.76

RECIPIENT'S/LENDER'S TIN: 75-2921540

PAYER'S/BORROWER'S TIN: XXX-X[redacted]

2 Outstanding mortgage principal $ 118,428.77

3 Mortgage origination date: 04/30/2020

4 Refund of overpaid interest $ 0.00

5 Mortgage insurance premiums $ 0.00

6 Points paid on purchase of principal residence $ 0.00

PAYER'S/BORROWER'S name
RANDY D. GOEBEL
KATHY TRANG GOEBEL

Street address (including apt. no.)
[redacted]

7 [X] If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

City or town, state or province, country, and ZIP or foreign postal code
[redacted]

8 Address or description of property securing mortgage

9 Number of properties securing the mortgage: 01

10 Other

11 Mortgage acquisition date

Account number (see instructions): 0421385089

Form **1098** (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

The amount shown may not be fully deductible by you on your Federal Income tax return. Limitations based on the cost and value of the secured property may apply. In addition, you may only deduct an amount of mortgage interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

Remember to file for Homestead (or Homeowner's) Exemption, if you are eligible.

If you have Mortgage Insurance Premium (MIP) on your loan, and if certain conditions are satisfied, you may be able to cancel the MIP coverage. Please contact us for additional information concerning your cancellation rights, if any.

If your home is located in California: Additional accountings may be requested by the mortgagor, trustor, or vendee pursuant to Civil Code 2954.

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least $600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the Instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

CAUTION *If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.*

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) Instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1098*.

Free File. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD COCOA FL 32922 Contact Tel. No: (321)632-1111		1 Payments received for qualified tuition and related expenses $ 1830.50 2	OMB No. 1545-1574 **2025** Form **1098-T**	**Tuition Statement**
FILER's employer identification no. : 590920675	STUDENT'S TIN XXX-XX[redacted]	3		**Copy B For Student**
STUDENT'S name Sarah Goebel Street address (including apt. no.) [redacted] City or town, state or province, country, and ZIP or foreign postal code [redacted]		4 Adjustments made for a prior year $ .00 6 Adjustments to scholarships or grants for a prior year $ .00	5 Scholarships or grants $ 1352.00 7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2026 ☐	This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
Service Provider/Acct. No. (see instr.) B00579740	8 Check if at least half-time student ☒	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) www.irs.gov/Form1098T 38-2099803 Department of the Treasury - Internal Revenue Service

Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Forms 1040. Also for more information, go to www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses and www.irs.gov/Education.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the total payments received by an eligible educational institution in 2025 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2025 that relate to those payments received during 2025.

Box 2. Reserved for future use.

Box 3. Reserved for future use.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

TIP: You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January–March 2026. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098T.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

EASTERN FLORIDA STATE COLLEGE
1519 CLEARLAKE ROAD
COCOA FL 32922

FIRST-CLASS MAIL
Important Tax Return
Document Enclosed

Sarah Goebel
1842 Sorento Cir
Melbourne FL 32904-3108

Trinity Church of Melbourne
370 Narragansett Street Northeast
Palm Bay, FL 32907

Trinity Church of Melbourne Inc.

Giving Statement

Tax ID: 85-3220735

Thank you for donating to Trinity Church of Melbourne. Your support is greatly appreciated. We are a charitable organization.

Randy Goebel
[redacted]

Randy Goebel

Individual Giving Statement • January 1, 2025 to December 31, 2025

Giving summary

Totals by payment method		Totals by fund	
Visa	$2,400.00	General	$2,400.00

All tax-deductible gifts

Date	Method	Fund	Description	Amount
Jan 6, 2025	Visa	General	--	$200.00
Feb 6, 2025	Visa	General	--	$200.00
Mar 6, 2025	Visa	General	--	$200.00
Apr 6, 2025	Visa	General	--	$200.00
May 6, 2025	Visa	General	--	$200.00
Jun 6, 2025	Visa	General	--	$200.00
Jul 6, 2025	Visa	General	--	$200.00
Aug 6, 2025	Visa	General	--	$200.00
Sep 6, 2025	Visa	General	--	$200.00
Oct 6, 2025	Visa	General	--	$200.00
Nov 6, 2025	Visa	General	--	$200.00
Dec 6, 2025	Visa	General	--	$200.00

12 gifts **Total: $2,400.00**

No goods or services were provided in exchange for these contributions, other than intangible religious benefits. These contributions are tax deductible.

FLORIDA PREPAID
COLLEGE SAVINGS PLANS
PO Box 31088 • Tampa, FL 33631-3088

January 1, 2026

RANDY GOEBEL
[redacted]

PREPAID ACCOUNT STATEMENT

This statement summarizes the financial status of your Prepaid 529 Plan(s) for EMMA P GOEBEL as of January 1, 2026. To manage your online account, please visit MyFloridaPrepaid.com.

STUDENT INFORMATION

Student (Beneficiary):	EMMA P GOEBEL	Matriculation Year:	2030
Address:	[redacted]	Social Security #:	Received
Primary Phone:		Residency:	Verified
Email:			

PREPAID PARTICIPATION & PAYMENT SCHEDULE

PLAN ID	PLAN NAME	PAYMENT DUE	TOTAL DUE	BILLED	REMAINING
19104759254	4-Year Florida College	$246.52	$16,516.84	$2,218.68	$14,298.16
TOTAL		$246.52	$16,516.84	$2,218.68	$14,298.16

PREPAID BENEFIT DETAILS

Prepaid Plans may be made up of several different components - tuition and fees - and coverage will vary by type of plan and year purchased.

UNIT TYPE	DESCRIPTION	PURCHASED	AVAILABLE
Tuition Upper	College Tuition, Financial Aid, & Capital Improvement Fees	60.00000	8.01639
Tuition Lower	College Tuition, Financial Aid, & Capital Improvement Fees	60.00000	8.01639
Local Upper	College Activity & Service & Technology Fees	60.00000	8.01639
Local Lower	College Activity & Service & Technology Fees	60.00000	8.01639

FLORIDA PREPAID
COLLEGE SAVINGS PLANS
PO Box 31088 • Tampa, FL 33631-3088

January 1, 2026

RANDY GOEBEL
[redacted]

PREPAID ACCOUNT STATEMENT

This statement summarizes the financial status of your Prepaid 529 Plan(s) for SARAH E GOEBEL as of January 1, 2026. To manage your online account, please visit MyFloridaPrepaid.com.

STUDENT INFORMATION

Student (Beneficiary):	SARAH E GOEBEL	Matriculation Year:	2025
Address:	[redacted]	Social Security #:	Received
Primary Phone:		Residency:	Verified
Email:			

PREPAID PARTICIPATION & PAYMENT SCHEDULE

PLAN ID	PLAN NAME	PAYMENT DUE	TOTAL DUE	BILLED	REMAINING
19104082947	2-Year Florida College	$0.00	$7,125.95	$7,125.95	$0.00
TOTAL		$0.00	$7,125.95	$7,125.95	$0.00

PREPAID BENEFIT DETAILS

Prepaid Plans may be made up of several different components - tuition and fees - and coverage will vary by type of plan and year purchased.

UNIT TYPE	DESCRIPTION	PURCHASED	AVAILABLE
Tuition Lower	College Tuition, Financial Aid, & Capital Improvement Fees	60.00000	47.00000
Local Lower	College Activity & Service & Technology Fees	60.00000	47.00000

VOID ☐ CORRECTED ☐ OMB No. 1545-2251 **2025** Form **1095-C**

Employer Provided Health Insurance Offer and Coverage

APPLICABLE LARGE EMPLOYER'S name, address, and telephone no.

COMMUNITY BASED CARE OF BREVARD
INC.
389 COMMERCE PKWY STE 120
ROCKLEDGE FL 32955-4202

(321) 752-4650 3007

EMPLOYEE'S name and address

RANDY D GOEBEL
[redacted]

Do not attach to your tax return. Keep for your records. Go to *www.irs.gov/Form1095C* for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S EIN	EMPLOYEE'S SSN
02-0545137	XXX-XX[redacted]

Employee Offer of Coverage | **Employee's Age on January 1**

Plan Start Month (enter 2-digit no.):	14 Offer of Coverage	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief	17 ZIP Code
01				
All 12 Months				
Jan	1A		2G	
Feb	1A		2G	
Mar	1A		2G	
Apr	1A		2G	
May	1A		2G	
Jun	1A		2G	
Jul	1A		2G	
Aug	1A		2G	
Sep	1A		2G	
Oct	1A		2G	
Nov	1A		2G	
Dec	1A		2G	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

CAA

Department of Treasury - IRS

Covered Individuals If employer-provided, self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	D
18																
19																
20																
21																
22																
23																

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Employee Offer of Coverage section, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).

You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered. In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Covered Individuals section, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

TIP *Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in the Covered Individuals section if they request it for their records.*

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit *www.irs.gov/ACA* or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Employee

Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured emplc sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months b or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditiona offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage condition offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determinec using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code afforda safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employr site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employmer ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined usin employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary emplo site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Line 15. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-o minimum essential coverage providing minimum value that your employer offered you. For an individual coverag HRA, the employee required contribution is the excess of the monthly premium based on the employee's applic age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the a individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more de The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enro more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for ot healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility f premium tax credit.

Line 17. Reports the applicable ZIP code your employer used for determining affordability if you were offered ar individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence loca If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information individual coverage HRAs, visit IRS.gov.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage informatic about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered column (c) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in colum (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating t months for which these individuals were covered. If there are more than 6 covered individuals, you will receive c more additional form(s).

JUDICIAL APPLICATION DATA RECORD

The judicial application shall include a separate page asking applicants to identify their race, ethnicity and gender. Completion of this page shall be optional, and the page shall include an explanation that the information is requested for data collection purposes in order to assess and promote diversity in the judiciary. The chair of the Commission shall forward all such completed pages, along with the names of the nominees to the JNC Coordinator in the Governor's Office (pursuant to JNC Uniform Rule of Procedure).

(Please Type or Print)

Date: 09/14/2026

JNC Submitting To: ____________________

Name (please print): Trang K. Goebel

Current Occupation: General Magistrate

Telephone Number: (321) 431-4831 Attorney No.: 0068850

Gender (check one): ☐ Male ☒ Female

Ethnic Origin (check one):
☐ White, non-Hispanic
☐ Hispanic
☐ Black
☐ American Indian/Alaskan Native
☒ Asian/Pacific Islander

County of Residence: Brevard County

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

DISCLOSURE PURSUANT TO THE
FAIR CREDIT REPORTING ACT (FCRA)

The Florida Department of Law Enforcement (FDLE) may obtain one or more consumer reports, including but not limited to credit reports, about you, for employment purposes as defined by the Fair Credit Reporting Act, including for determinations related to initial employment, reassignment, promotion, or other employment-related actions.

CONSUMER'S AUTHORIZATION FOR
FDLE TO OBTAIN CONSUMER REPORT(S)

I have read and understand the above Disclosure. I authorize the Florida Department of Law Enforcement (FDLE) to obtain one or more consumer reports on me, for employment purposes, as described in the above Disclosure.

Trang Kathy Goebel
Printed Name of Applicant

Signature of Applicant

Date: 09/14/2024