

OFFICE OF
GENERAL COUNSEL

Federal Election Complaint

2018 AUG -7 PM 12:10

Office of General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

MUR # 7461

Respondent - Julio Gonzalez

2018 Candidate - U.S. House of Representatives, Florida District 17.

241 Nokomis Avenue, South, Venice, Florida 34285

Please consider this a complaint against Julio Gonzalez under 2 U.S.C. 437g. Gonzalez is a 2018 candidate for the U.S. House of Representatives, Florida District 17. Gonzalez is also a member of the Florida House of Representatives, District 74. On July 19, 2018, Gonzalez filed a *Form 6 Full and Public Disclosure of Financial Interests* with the Florida Commission on Ethics. See attached. On the Form 6, Gonzalez lists, among other things, his assets and liabilities, as of June 1, 2018.

In Part C, Liabilities, he lists a liability (presumably, a loan) to *Winston Arabitg, M.D.*, in the amount of \$317,032.65. Other than this apparent loan from Dr. Arabitg, Gonzalez doesn't list any item on his financial disclosure that indicates he has access to large sums of cash (he lists a checking account containing \$5,451.00).

While I do not know the date that Gonzalez received this loan from Arabitg, I can report that he did not list the loan as a liability on his 2017 *Form 6 Full and Public Disclosure of Financial Interests* (filed June 21, 2017). See attached. Additionally, on May 18, 2018, Gonzalez filed a *Form B, Financial Disclosure Statement*, as a candidate for the U.S. House of Representatives. The loan from Arabitg is not disclosed on this Form B as a liability. See attached.

Gonzalez reports two loans to his federal campaign, totaling \$150,000 on March 30, 2018 (\$110,000; \$40,000). As mentioned above, none of Gonzalez's recent financial disclosures indicates an ability to access a large sum of cash, such as the \$150,000 he lent to his campaign, other than the \$317,032.65 loan from Arabitg. It seems clear that the \$150,000 loan to the Campaign came from these Arabitg funds.

It is my understanding that the 2017-18 limit for individual contributions to a federal candidate is \$2,700 per election. As such, Gonzalez has received an illegal campaign

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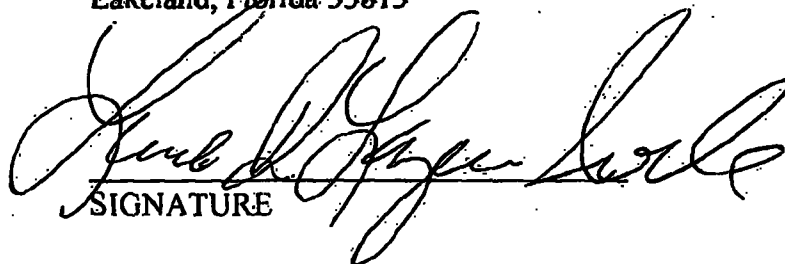
contribution from Arabitg that greatly exceeds federal campaign limits. A campaign is prohibited from retaining contributions that exceed the limits - if a campaign receives excessive contributions, it is my understanding that a campaign must follow certain procedures for handling such funds:

I respectfully request the Commission investigate these allegations for possible violations by Julio Gonzalez (Campaign) of the Federal Election Campaign Act or applicable Commission regulations.

Signed this 1st day of August, 2018.

Linda DeLozier Ivell

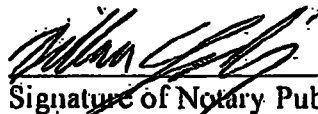
Lakeland, Florida 33813


SIGNATURE

VERIFICATION

STATE OF FLORIDA
COUNTY OF POLK

Sworn to and subscribed before me this 01st day of August, 2018, by Linda
DeLozier Ivell, who is personally known to me, and who executed same under oath.



Signature of Notary Public



Dillan Spaulding

Printed Name of Notary Public

My commission expires: 02 October 2020

My commission number: GG034981

FORM 6		FULL AND PUBLIC DISCLOSURE		2017	
Please print or type your name, mailing address, agency name, and position below:		OF FINANCIAL INTERESTS		FOR OFFICE USE ONLY:	
LAST NAME — FIRST NAME — MIDDLE NAME: CONRALEZ, JULIO				256201	
MAILING ADDRESS: 241 NOLAN AVE S.				FLORIDA COMMISSION ON ETHICS	
CITY: VENICE		ZIP: 33539	COUNTY: SARASOTA	JUL 19 2018	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: HOUSE OF REPRESENTATIVE				RECEIVED	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: STATE REPRESENTATIVE, District 74				PROCESSED	
CHECK IF THIS IS A FILING BY A CANDIDATE <input type="checkbox"/>					
PART A — NET WORTH					
Please enter the value of your net worth as of December 31, 2017 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 JUNE 1, 2018 was \$ 482,324.00					
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, whether owned or leased.					
The aggregate value of my household goods and personal effects (described above) is \$ 130,200.00					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:					
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)				VALUE OF ASSET	
SEE ATTACHED					
PART C — LIABILITIES					
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):					
NAME AND ADDRESS OF CREDITOR				AMOUNT OF LIABILITY	
SEE ATTACHED					
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:					
NAME AND ADDRESS OF CREDITOR				AMOUNT OF LIABILITY	
SEE ATTACHED					

PART D - INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
(If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHED		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE TO REPORT			

PART E - INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE TO REPORT		
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			

PART F - TRAINING

- ☒ For officers required to complete annual ethics training pursuant to section 112.3142, F.S.
☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Sarasota

Sworn to (or affirmed) and subscribed before me this 18 day of July, 20 18 by Julio Gonzalez, MD, JD

(Signature of Notary Public--State of Florida)

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

Personally Known X OR

Type of Identification Produced



If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

**ADDENDUM FORM 6 FOR 2017
FOR JULIO GONZALEZ, M.D., J.D.**

PART B: ASSETS

217 Bayside Drive, Venice, FL 34285	Personal Residence	\$880,000.00
Aragon, PLLC	Landholding Corp.	\$700,000.00
Holds 241 Nokomis Ave S., Venice, FL 34285		
Commercial Property valued at	\$640,000.00	
Checking Account,		\$5,451.00
Centennial Bank, 500 U.S. Bypass N., Venice, FL 34285		\$10,962.36
IRA Wells Fargo; 1 N. Jefferson Ave., St. Louis, MO, 63103		
Orthopaedic Center of Venice,	Medical Practice	\$600,000.00
241 Nokomis Ave S. Venice, FL 34285		

PART C: LIABILITIES

Sun Trust Mortgage, PO Box 79041, Baltimore, MD 21279	\$638,000.00
Regions Bank. FL 34285	\$607,788.99
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$73,211.51
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$135,777.25
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Winston Arabitg, M.D.	\$317,032.65
5408 Kenmore Lane, Orlando, FL	

PART D: INCOME

Orthopaedic Center of Venice,	Medical Practice	\$52,000.00
241 Nokomis Ave S. Venice, FL 34285.		
State Legislature		\$27,537.00
420 The Capitol, 402 S. Monroe St., Tallahassee, FL 32399-1300		

FORM 6

FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

2016

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

GONZALEZ, JULIO

256201

MAILING ADDRESS:

241 Nokomis Ave S.

FLORIDA
COMMISSION ON ETHICS

JUL 21 2017

RECEIVED

CITY:

VENICE

ZIP:

FL 34285

COUNTY:

SARASOTA

NAME OF AGENCY:

HOUSE OF REPRESENTATIVES

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

STATE REPRESENTATIVE: District 74

PROCESSED

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2016 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 JUNE 3, 20 17 was \$ 431,917.00

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 182,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

SEE ATTACHED

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

ATTACHED

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

JK

1005447-0000

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
 (If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHED		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE TO REPORT			

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE TO REPORT		
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			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

- ☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Sarasota

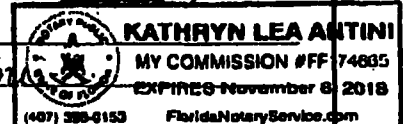
Sworn to (or affirmed) and subscribed before me this 18th day of

July, 20 17 by Kathryn L. Antini
 (Signature of Notary Public--State of Florida)

Kathryn L. Antini
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification ✓

Type of Identification Produced FL DRIVERS LIC



If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, , prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

**ADDENDUM FORM 6
FOR JULIO GONZALEZ, M.D., J.D.
SUBMITTED July 15, 2017**

PART B: ASSETS

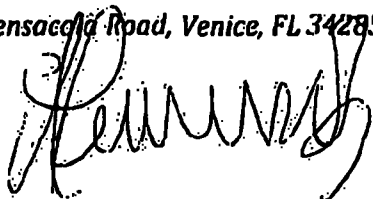
217 Bayside Drive, Venice, FL 34285	Personal Residence	\$880,000.00
420 Pensacola Road, Venice, FL 34285	Investment Property	\$439,000.00
Aragon, PLLC	Landholding Corp.	\$700,000.00
Holds 241 Nokomis Ave S., Venice, FL 34285		
Commercial Property valued at	\$640,000.00	
Checking Account,		\$5,000.00
Stonegate Bank, 500 U.S. Bypass N., Venice, FL 34285		
Orthopaedic Center of Venice,	Medical Practice	\$600,000.00
241 Nokomis Ave S. Venice, FL 34285		

PART C: LIABILITIES

Sun Trust Mortgage, PO Box 79041, Baltimore, MD 21279	\$697,000.00
Carrington Mortgage, PO Box 5001, Westfield, IN 46074	\$303,726.79
Regions Bank. FL 34285	\$634,807.00
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$99,067.00
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Regions Bank. FL 34285	\$147,765.30
Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	
Stonegate Bank, 500 U.S. Bypass N., Venice, FL 34285	\$353,680.00
241 Nokomis Ave S. Venice, FL 34285	

PART D: INCOME

Orthopaedic Center of Venice,	Medical Practice	\$78,151.00
241 Nokomis Ave S. Venice, FL 34285.		
State Legislature		\$27,537.00
420 The Capitol, 402 S. Monroe St., Tallahassee, FL 32399-1300		
420 Pensacola Road, Venice, FL 34285	Rental Property	\$14,400.00

 15 JUL 17

MAY 17 2013

Page 1 of 8

MAY 18 AM 10:30

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B For New Members, Candidates, and New Employees	
Name: <u>JUAN GONZALEZ</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>August 13, 2013</u>	State: <u>FL</u> District: <u>12</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salary, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Page 10 of 10

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: TWO GARAGEZ Page 3 of 8

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																							
LINE NO.	ASSET NAME	BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																							
		A	B	C	D	E	F	G	H	I	J	K	L	None	DIVIDENDS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40								
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Page 4 of 8

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Julia Gonzalez Page 5 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$20,000	\$20,001- \$25,000	\$25,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	Over \$25,000,000 (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	1/98	Mortgage on Rental Property, Dover, DE				X							
JT	Regions Bank	1/98	Mortgage on Medical Office						X					
JT	Carrollton Mortgage	11/16	Mortgage on Rental Property						X					
	USAA	5/18	CREDIT CARD		X									
	DISCOVER	5/13	CREDIT CARD		X									
	Regions Bank	8/18	Debt - Revolving LOC				X							

SCHEDULE E - POSITIONS

CONTINUED NOTE 4 2 PG 8

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Officer: Managing Member.	Orthopaedic Center of Venice, P.L.
Officer: Managing Member.	Amgen, P.L.L.C.
Officer:	Adrian Publishers, L.L.C.
Officer: Managing Member, Representative,	Publius Communication, Inc.
	Florida House of Representatives

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: JULIO GIMBAL Page 6 of 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	NONE / NOT APPLICABLE	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
MULTIPLE PATIENTS THROUGHOUT THE NATION CENTER OF VENICE.	MEDICAL SERVICES. THROUGHOUT THE REPORTING PERIOD I HAVE PERFORMED MEDICAL SERVICES WITH FEES IN EXCESS OF \$5,000. THE DETAILS OF WHICH ARE NOT REPORTED DUE TO CONFIDENTIALITY ISSUES. ALL INCOME GAINED AS A RESULT OF THESE SERVICES ARE REPORTED IN SCHEDULE D ETC.

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: JUAN GONZALEZ

Page 7 of 8[illegible]

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: JULIO GONZALEZ

Page 8 of 8

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Use additional sheets if more space is needed.