OFFICE OF GENERAL COUNSEL

Federal Election Complaint 2018 MIG -7 PH 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

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:

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

day of August, 2018. Signed this

Linda DeLozier Ivell

Lakeland, Florida 33813

VERIFICATION

STATE OF FLORIDA COUNTY OF POLK

Sworn to and subscribed before me this 01^{s+1} day of August, 2018, by Linda DeLozier Ivell, who is personally known to me, and who executed same under oath.

Intery Public State of Florida Dillan Spaulding mission GG - 10/02/2020

Signature of Notary Public

Dillan Spaulding Printed Name of Notary Public

My commission expires: 02 October 2020 My commission number: GGO34981

FORM 6	FULL AND PUBLIC DISCL	OSURE	2017	
Please print or type your name, melling address, sgency name, and position bolow	OF FINANCIAL INTERE			
LAST NAME - FIRST NAME - MID	· · ·		256201	
MAILING ADDRESS:	LULID			
241 Nolester	Arc S.		FLORIDA OMMISSION ON ETHICS	
CITY:	ZIP: C COUNTY:		JUL 1 9 2019	
NAME OF AGENCY.	62 SALISOTA		RECEIVED	
NAME OF OFFICE OR POSITION HE	GRESCHIMME	PR	OCESSED	
NAME OF OFFICE OR POSITION HE STATE REPRE	sontative, District 74			
CHECK IF THIS IS A FILING BY A CA				
	PART A - NET WORTH			
	net worth as of December 31, 2017 or a more			
	ported liabilities from your reported assets, so p		e instructions on page 3.)	
My net worth as of	JUNE 1 . 20 18 was \$ 4	452,5	d4.D	
	PART B – ASSETS			
HOUSEHOLD GOODS AND PERSON Household goods and personal effe	cts may be reported in a lump sum if their aggregate val	ue exceeds \$1,	000. This calegory includes any of the	
following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; an 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 s <u>130,000⁰⁰</u>				
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) VALUE OF ASSET				
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City III				
	PART C LIABILITIES			
LIABILITIES IN EXCESS OF \$1,000 (S NAME AND ADDRES			AMOUNT OF LIABILITY	
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JOINT AND SEVERAL LIABILITIES N	OT REPORTED ABOVE:		l	
NAME AND ADDRES		<u></u>	AMOUNT OF LIABILITY	
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CE FORM 6 - Effective January 1, 2018	(Continued on reverse side)		PAGE 1	

Γ				
	ART D – INCOME			
copy of your 2017 federal income tax return, including all W2s, so	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 federat income tax return, including all W2s, schedules, and attachments. Please reduct 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 (If you check this box and attach a copy of your 2017 tax	and all W2's, schedules, and atlachments return, you need not complete the remainder of Par	1 D.J		
PRIMARY SOURCES OF INCOME (See Instructions on page NAME OF SOURCE OF INCOME EXCEEDING \$1,000	5): ADDRES <u>S OF SOURCE OF INCOME</u>			
SEE MACH	[<i>A</i>]			
SECONDARY SOURCES OF INCOME (Major customers, clients	, etc., of businesses owned by reporting personse	e instructions on page 51:		
NAME OF NAME OF NAME OF BUSINESS ENTITY OF BUSINESS INC		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
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Nor 10 sega				
PART E - INTERESTS IN S	PECIFIED BUSINESSES (Instructions on p	age 61		
BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY NOUE TO	REDONT			
AUDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH-ENTITY				
I OWN MORE THAN A 5%	· · · · · · · · · · · · · · · · · · ·			
INTEREST IN THE BUSINESS				
OWNERSHIP INTEREST				
P	ART F - TRAINING			
For difficers required to complete an	inual ethics training pursuant to section 1	12.3142, F.S.		
I CERTIFY THAT I HAV	E COMPLETED THE REQUIRED T	RAINING.		
OATH	STATE OF FLORIDA COUNTY OF Suraso to-	· · · · · · · · · · · · · · · · · · ·		
I, the person whose name appears at the	Swom to (or affirmed) and subscribed before n			
		this / K day of		
beginning of this form, do depose on oath or affirmation				
beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form	July 20 18 by Ju.	he this <u>18</u> day of <i>liv Gonzalgz, MO, JD</i>		
and say that the information disclosed on this form	July 20 18 by Ju.	KARA LANDREWS		
and say that the information disclosed on this form and any attachmonts hereto is true, accurate,	July 20 18 by Ju.	KARA LANDREWS Notary Public - State of Floride Alegry PEBEOSISSION # GG 2018692		
and say that the information disclosed on this form and any attachmonts hereto is true, accurate,	(Signature of Notary Public-State of Flored (Print, Type, or Stamp Commissioned Name)	KARA LANDREWS Notary Public - State of Florida		
and say that the information disclosed on this form and any attachmonts hereto is true, accurate,	(Signature of Notary Public-State of Flored (Print, Type, or Stamp Commissioned Name)	ARA LANDREWS Notary Public - State of Floride Motory Prospession & GG 2018892 My Comm. Expires Apr 18; 2022		
and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete Signification of REPORTING OFFICIAL OR CANDIDATE	20 18 by Kara K (Signature of Notary Public-State of Floreds) (Print, Type, or Stamp Commissioned N. 1990 Personally Known OR roduced Type of Identification Produced	KARA LANDREWS Notary Public - State of Florida Henry PGBEDSISSION # GG 2018692 My Comm. Expires Apr 18; 2022 Cardrogenditessish Hational Notary Assn.		
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and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE It accertified public accountant licensed under Chapter 473, o she must complete the following statement:		KARA L ANDREWS Notary Public - State of Floride Notary Public - State of Floride My Comm. Expires Apr 18; 2022 My Comm. Expires Apr 18; 2022 Adopted Hitsensch National Notary Assn. prepared this form for you, he or . II, Sec. 8, Florida Constitution,		
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and say that the information disclosed on this form and any attachmonts hereto is Irue, accurate, and complete SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Is accertified public accountant licensed under Chapter 473, or she must complete the following statement: I,		KARA L ANDREWS Notary Public - State of Florida My Comm. Expires Apr 18, 2022 And Comm. And Co		
and say that the information disclosed on this form and any attachmonts hereto is true, accurate, and complete SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE It accertified public accountant licensed under Chapter 473, of she must complete the following statement: I, Section 112.3144, Florida Statutes, and the instructions to the and correct. Signature Preparation of this form by a CPA or attorney does		KARA L ANDREWS Notary Public - State of Florida My Comm. Expires Apr 18, 2022 And Comm. And Co		

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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 Holds 241 Nokomis Ave S., Venice, Commercial Property valued at	Landholding Corp. FL 34285 \$640,000.00	\$700,000.00
Checking Account,		\$5,451.00
Centennial Bank, 500 U.S. Bypass I IRA Wells Fargo; 1 N. Jefferson Ave., St. Lo		\$10,962.36
Orthopaedic Center of Venice, 241 Nokomis Ave S. Venice, FL 342	Medical Practice 285	\$600,000.00
PART C: LIABULITIES		
Sun Trust Mortgage, PO Box 79041, Baltin	nore, MD 21279	\$638,000.00
Regions Bank. FL 34285 Sarasota North Venice, PO Box 198	34, Birmingham, AL 35201	\$607,788.99

Regions Bank. FL 34285 Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	\$73,211.51
Regions Bank. FL 34285 Sarasota North Venice, PO Box 1984, Birmingham, AL 35201	\$135,777.25
Winston Arabitg, M.D. 5408 Kenmore Lane, Orlando, FL	\$317,032.65

PART D: INCOME

Orthopaedic Center of Venice, 241 Nokomis Ave S. Venice, FL 342	Medical Practice 85.	\$52,000.00
State Legislature 420 The Capitol, 402 S. Monroe St.,	Tallahassee, FL 32399-130	\$27,537.00 0

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FORM 6 FULL AND PUBLIC DISCL	OSURE	2016	
Ploace print or type your name, mailing addrosp, agoncy name, and ponktion bolow: OF FINANCIAL INTERE	ESTS	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE NAME:		25620	
MAILING ADDRESS:			
241 Nokonis Ave 5.		FLORIDA COMMISSION ON ETHICS	
		JUL 2 1 2017	
CITY: ZIP: COUNTY:			
VENICE (234285 JARAISOTA		RECEIVED	
HOUSE OF REPROSENTATINES			
NAME OF OFFICE OR POSITION HELD OR SOUGHT: STAR: COMPSCATATILE VISTRICE 74	PR	OCESSED	
PARTA - NET WORTH			
Please enter the value of your net worth as of December 31, 2016 or a more	current date	e. [Note: Net worth is not cal-	
culated by subtracting your reported liabilities from your reported assets, so p	. .		
My net worth as of <u>Jul≤ 1</u> . 20 <u>17</u> was \$ <u>C</u>	131,917	<u>a</u>	
	Name - State - Statement	and the second	
PART B ASSETS			
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggrogale value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismalle 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 \$ ± 5	30,000		
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction	ans () ()	VALUE OF ASSET	
SEE ATTACITED	·····		
PART C UIABILITIES			
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY	
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JOINT AND SEVERAL VABILITIES NOT REPORTED ABOVE:			
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY	
	<u> </u>		
CE FORM 8 - Efective January 1, 2017 (Centinued on reverse side) Acceptorated by reference in Ruin 34-8 092(1), FA C.		PAGE 1	

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	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 clect to file a copy of my 2016 federal income tax return (If you check this box and attach a copy of your 2016 tax)		Part O.		
PRIMARY SOURCES OF INCOME (See instructions on page in the source of source of income exceeding \$1,000_1.	5): ADDRESS OF SOURCE OF INCOM			
SCC ATTACH	(\cdot)			
SECONDARY SOURCES OF INCOME [Major customers, clients NAME OF NAME OF MAJOR SC BUSINESS ENTITY OF BUSINESS' INC	DURCES ADDRESS	-see instructions on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NOWE TO REPOR	27			
PART E – INTERESTS IN S	PECIFIED BUSINESSES (Instructions on	page 6}		
BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
ADDRESS ENTITY NONE TO S				
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				
	nual ethics training pursuant to section E COMPLETED THE REQUIRED			
OATH	STATE OF FLORIDA Savasata			
I, the person whose name appears at the	Sworn to (or affirmed) and subscribed before	a me this 1871 day of		
beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form	July 20 17 py	KATHRYN LEA ANTINI		
and any attachments hareto is true, accurate, and Completes	(Signature of Notary Public-State of Florida)	101 101 EXPINES November 8 2018 (407) 395-0153 FlorideNoteryService.com		
	Kathy U. Antini (Print, Type, or Stamp Commissioned Name			
Hanninhill	Personally Known OR Prod	luced Identification		
SUMATURE OF REPORTING OFFICIAL OF CANDIDATE	Type of Identification Produced <u>FL</u>	rilles Lic		
If a certified public accountent licensed under Chapter 473, c she must complete the following statement:	or attorney in good standing with the Florida B	ler prepared this form for you, he or		
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 lier of the responsibility			

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

PART B: ASSETS

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217 Bayside Drive, Venice, FL. 34285	Personal Residence	\$880,000.00
420 Pensacola Road, Venice, FL 34285	Investment Property	\$439,000.00
Aragon, PLLC Holds 241 Nokomis Ave S., Venice Commercial Property valued at	Landholding Corp. 5, FL 34285 \$640,000.00	\$700,000.00
Checking Account, Stonegate Bank, 500 U.S. Bypass N	I., Venice, FL 34285	\$5,000.00
Orthopaedic Center of Venice, 241 Nokomis Ave S. Venice, FL 34	Medical Practice 285	\$600,000.00

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 3520	1
Regions Bank. FL 34285	\$ 99,067:00
Sarasota North Venice, PO Box 1984, Birmingham, AL 3520	1
Regions Bank. FL.34285	\$147,765.30
Sarasota North Venice, PO Box 1984, Birmingham, AL 3520	1
Stonegate Bank, 500 U.S. Bypass N., Venice, FL 34285 241 Nokomis Ave S. Venice, FL 34285	\$353,680.00

PART D: INCOME

Orthopaedic Center of Venice, 241 Nokomis Ave S. Venice, FL 342	Medical Practice 85.	\$78,151.00
State Legislature 420 The Capitol, 402 S. Monroe St.,	Tallahassee, FL 32399-1300	\$27,537.00
420 Pensacqia Road, Venice, FL 34285	Rental Property	\$14,400.00
Tell NID 15	JULY / F	

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	STATES HOUSE OF REPRESENTATIVES	FORI For New Members, Candid	LEGISLA Intes, and New Employees	IVE RESOURCE CENTE. AY 18 AM 10: 30	Page 1 of <u>9</u>
Name:	JULD GANZALEZ	Daytime Telephons.	ur <u>s Ho</u> l	ILE UP USE LE ANTATIVE	5
FLER	New Member of or Candidate for States <u>FC</u> U.S. House of Representatives <u>Clastict</u> <u>17</u> Candidates - Date of Bection: <u>1773UST</u> 28,		Check if Amendment	(Office Lise	a Oniy)
STATUS	New Officer or Employee Staff Fi Employing Officer Shared			A \$200 penalty shall be as individual who films more	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your epoule, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the and of the reporting pendo? <u>ar</u> b. Roboto more than \$200 is unserted become from any reportable saset during the reporting period?	Yees No 🗌	E. Did you hold only reportable positions during the reporting period or in the current calendar year up through the data of Wing?	Yee, 🛛 Ho 🗌		
C. Did you or your spouse have "served" income (e.g., seleries, hancrarts, or pension/IRA distributions) of \$200 or more during the reporting period?	V eq. 🖌 Hoo 💽	F. Did you have any reportable agreement or ansingement with an outside entity during the reporting period or in the current calendar year up through the data of filing?	Yee 🗌 No 📈		
D. Did you, your spoule, or your dependent child have any reportable liabliky (more than \$10,000) at any point during the reporting period?	Y == 🖉 No 🗌	J. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years?	Y		
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 "Custified Bind Trusts" approved by the Convertizes on Ethics and cartain 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?	Yee 1 Ho K
EXEMPTION - Have you excluded from this report any other assets, "unserned" income, or labitizes of a spouse or dependent child because they meet all three tonis for examplion? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Y == 1 Ho X

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Julio (JAN/2422:3 Page 2 of B

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		Assets and/or Income Sources			- NAU	-	d Asse	*				-	Ă	l'ype of Incom								4	nou	ē	Amount of Incom							
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P 5	And and ()	For all 1944 and other reflemment plans (puch an 401(h) plans) provide the value for each sweet hald h																														
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SCHEDULE C -- EARNED INCOME

Name: Julio Omerce

Page 4 a B

Let the source, type, and antibiet of earned income from any source (other than the filer's ourrent employment by the U.S. government) totaling \$200 or more during the reporting pariod. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Allitary pay (such as National Guard or Reserve pay), federal retrement programs, and benefits received under the Social Security Act. BICOME LIBERY pay (such as National Guard or Reserve pay), federal retrement programs, and benefits received under the Social Security Act. BICOME LIBERY and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you also refuse paynol. The 2017 limit on outside earned income for identions compensational all or above the 'scolar staff' role was \$277.75. The 2016 limit is \$28,050. In addition, certain types of income (actably honoraria, director's fees, and payments for professional services invOMing a fiduciary relationship) are lotably prohibited for Members and service staff.

		_	Ал	rount
	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
Examples:	ABC Truch Amounton, Baltimory, MC (Adv 15) State of Manyland	Honoratury	520,000	\$300 \$76,600 / 11,500
	Sint of Mayland Carl for Nameticon (Corl 2) Crist for Nameticon (Corl 2) Ortario Carly Band of Education	Spouse Speech Spouse Selery	19 	
Partopación	Carrolog Vervice PL	SALARY	+ 24,000	\$ 52,000
DYWECOLO	STOF KANKE, PL	SHOUSE SALARY	+48,000°	\$ 104,000.00
EDRIDA H	DISE DE REDRESEATATIONS	SALARLA	£ 12,709.38	+ 27,537.00
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SCHEDULE D - LIABILITIES

Name: Julio Contracer

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Report liabilities of over.\$10,000 oned to any one creditor at any flows during the reporting period by you, your apouse, or your dependent child. Mark the highest amount evend during the reporting period. New tilembers: Mambers are required to report all labilities secured by rest property including mortgages on their personal realdence. Exclude: Any mortgage on your perional realdence (unless you rant it and or are a Member); teams secured by auromobiles, household furnitue, or applements; isbliftes of a basiness in which you even on interest (unless you are personal) realdence. Exclude: Any mortgage on your perional realdence (unless you are a Member); teams secured by auromobiles, household furnitue, or applements; isbliftes of a basiness in which you even on interest (unless you are personal) realdence in a software when the origin period are optimately in a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period accessed \$10,000. "Column K is for labilities had solary by your spouse or dependent child.

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SP. DC.)γ	Economic Price Bake of Weinington, CE 35 Re-3-2075 Bruk: 37 GRELINSCON Macrosoft USAA Discoulde Resolution BAWK	Date Liability Incurred MO/YR	Type of Lizbuity	•		-18 C	0	e SR	, 198	۰ 88	001- 1.000	-100	- 120 000 000	Over \$1,000,000* (SpoureDC Lability) **
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SCHI	EDULE E POSITIONS	CUNTIN	IUGD NOTE # 2 PS 8	-										

Report all positions, competissibility or uncompensated, as an officer, director, instee of an organization, partners, proprietor, representative, employee, or consultant of any corporation, firm, partnership or other business enterprise, nonprofit organization, tabor organization, or educational or other than the United States. Exclude: Positions held in any religious, social, instance, or political entities (such as political parties and comparign organizations); and positions solely of an honorary nature. New Neymbers and second-year candidates report positions held in the reporting partied 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 DEFICIENT: MANRING MUMBER. ORTHOPACDIC CONTRE OF VENICE, P.L. Auron P.L.L.C. Auron Jubissiens, L.L.C. Rublius Communication, Inc. Decicar . OFFICER : MANRIUS MEMBER, REPRESENTATIVE,

FLOREDA HOUSE OF REPRESENTATIVES

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SCHEDULE F - AGREEMENTS

Name: JUID GM3ALC3

Pege (of g

Monthly the data, parties to, and general lerms of any agreement or entangement that you have with respect to: tuture employment; a leave of absence ituning the period of government; earlies; continuation or defensi of phymenia by a former or current employer other than the U.S. government; or continuing period participation in an employee welfare or banefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	LIDNE NUT APPLICABLE	
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of companieston received by you or your business affinition for servicial provided directly by you during the current year and <u>two</u> prior years. This includes the names of circles and customers of any corporation fam, partnership, or other business anterprise if you directly provided the servicia generating a tee or payment of from than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as exeaut of a privilegid relationship recognized by law. Do not repeat information Relation & Schedule C.

	Source (Name and City/State)	Brief Description of Diries
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FILER NOTES
(Optional)

Naime: JULO GATTALE

Page 7. of B

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