

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Marcela Gomez-Bogomolni

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of School Board Member, 3,
(Office) (District #)

, _____ ; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 102526395

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Marcela Gomez-Bogomolni

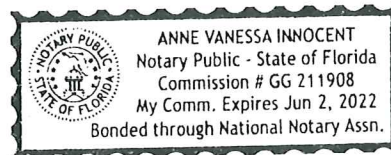
X [Signature] (866) 587-0196 m.gomezbogomolni@gmail.com
Signature of Candidate Telephone Number Email Address

1380 NE Miami Gardens Dr. North Miami Beach FL 33179
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by physical or
online ___ presence this 1st day of June, 2020.
Personally Known: ___ or Produced Identification:
Type of Identification Produced: Florida Driver License



FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2019

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Gomez-Bogomolni Marcela

MAILING ADDRESS:
1380 NE Miami Gardens Dr.
Suite 207

CITY: ZIP: COUNTY:
North Miami Beach 33179 Miami-Dade

NAME OF AGENCY:
Miami-Dade county Public schools

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
School Board Miami Dade District 3

CHECK IF THIS IS A FILING BY A CANDIDATE

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 May 31, 20 20 was \$ 1,774,040.

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 \$ 1,883,820

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
Vehicle lease - Lexus P.O. Box 15012, Chandler, AZ 85244.	\$3,780
Student Loan - Fed Loan 1200 N 7th St, Harrisburg, PA 17102	\$106,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

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

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

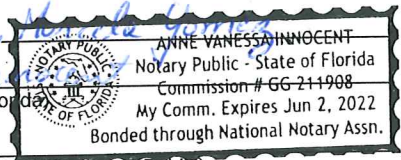
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 1st day of

June, 2020 by Anne Vanessa Innocent
 (Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Driver License

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

(Form 6)

ASSETS MARCELA GOMEZ-BOGOMOLNI

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Primary Residence - 1885 NE 208 Terr Miami FL 33179.....	\$285,000
Investment Property - 7011 NW 64St Tamarac FL 33321.....	\$281,000
Investment Property - Boulevard de Juan Dolio con Calle El Tanque, Juan Dolio, San Pedro de Macorís, Rep. Dom.....	\$100,000
House Holds.....	\$64,500
Lexus RX350.....	\$46,220
Audi A4.....	\$25,000
College Investment Plan – Florida prepay college.....	\$22,100
41k – Primerica	\$10,000
Business – The American Consulting and Social Service League	\$1,000,000
Business – Gasmar	\$50,000

File by Mail Instructions for your 2019 Federal Tax Return
Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

GASTON BOGOMOLNI & MARCELA GOMEZ
 1885 NE 208TH TERRACE
 MIAMI, FL 33179

Balance Due/Refund | Your federal tax return (Form 1040) shows you are due a refund of \$4,432.00. Your refund will be direct deposited into the following

What You Need to Mail | Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.
 Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.
 Mail your return and attachments to:
 Department of the Treasury
 Internal Revenue Service
 Austin, TX 73301-0002
 Deadline: Postmarked by Wednesday, July 15, 2020
 Note: Your state return may be due on a different date. Please review your state filing instructions.
 Don't forget correct postage on the envelope.

What You Need to Keep | Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.

2019 Federal Tax Return Summary	Adjusted Gross Income	\$	132,708.00
	Taxable Income	\$	65,405.00
	Total Tax	\$	12,759.00
	Total Payments/Credits	\$	17,191.00
	Amount to be Refunded	\$	4,432.00
	Effective Tax Rate		4.87%

Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.

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 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box: If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial GASTON	Last name BOGOMOLNI	Your social security number
If joint return, spouse's first name and middle initial MARCELA	Last name GOMEZ	Spouse's social security number
Home address (number and street). If you have a P.O. box, see Instructions. 1885 NE 208TH TERRACE		Apt. no. 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. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see Instructions). MIAMI FL 33179		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see Instructions and ✓ here <input type="checkbox"/>		

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SAMUEL	BOGOMOLNI		Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OSCAR	DE LEON		Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	136,585.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
4c Pensions and annuities	4c	
5a Social security benefits	5a	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	345.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	136,930.
8a Adjustments to income from Schedule 1, line 22	8a	4,222.
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	132,708.
9 Standard deduction or itemized deductions (from Schedule A)	9	67,303.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	67,303.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	65,405.

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

Form **1040** (2019)

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

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12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	7,463.	12b	7,463.
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a	1,000.	13b	1,000.
b	Add Schedule 3, line 7, and line 13a and enter the total			14	6,463.
14	Subtract line 13b from line 12b. If zero or less, enter -0-			15	6,296.
15	Other taxes, including self-employment tax, from Schedule 2, line 10			16	12,759.
16	Add lines 14 and 15. This is your total tax			17	16,963.
17	Federal income tax withheld from Forms W-2 and 1099				
18	Other payments and refundable credits:				
a	Earned income credit (EIC) No	18a			
b	Additional child tax credit. Attach Schedule 8812	18b			
c	American opportunity credit from Form 8863, line 8	18c			
d	Schedule 3, line 14	18d	228.	18e	228.
e	Add lines 18a through 18d. These are your total other payments and refundable credits			19	17,191.
19	Add lines 17 and 18e. These are your total payments			20	4,432.
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			21a	4,432.
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				
b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23			
24	Estimated tax penalty (see instructions)	24			

If you have a qualifying child, attach Sch. EIC.
 If you have nontaxable combat pay, see instructions.

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here

21b Routing number

21c Type: Checking Savings

21d Account number

22 Amount of line 20 you want applied to your 2020 estimated tax

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions

24 Estimated tax penalty (see instructions)

Third Party Designee

Do you want to allow another person (other than your paid preparer) 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: CANTOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation: SOCIAL WORKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date: 04/28/20

PTIN

Check if: 3rd Party Designee Self-employed

Firm's name

Firm's address

Phone no.

Firm's EIN

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SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

2019 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

GASTON BOGOMOLNI & MARCELA GOMEZ

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

Table with 9 rows for Additional Income. Line 3: Business income or (loss) 345. Line 9: Combine lines 1 through 8 345.

Part II Adjustments to Income

Table with 12 rows for Adjustments to Income. Line 14: Deductible part of self-employment tax 3,148. Line 22: Add lines 10 through 21 4,222.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 04/19/20 TTW

Schedule 1 (Form 1040 or 1040-SR) 2019

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SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

2019
Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

GASTON BOGOMOLNI & MARCELA GOMEZ

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	6,296.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 15	10	6,296.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 04/19/20 TTW

Schedule 2 (Form 1040 or 1040-SR) 2019

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SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

GASTON BOGOMOLNI & MARCELA GOMEZ

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
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	228.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	228.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 04/19/20 TTW

Schedule 3 (Form 1040 or 1040-SR) 2019

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SCHEDULE A (Form 1040 or 1040-SR) (Rev. January 2020)

Itemized Deductions

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

2019 Attachment Sequence No. 07

Department of the Treasury Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

GASTON BOGOMOLNI & MARCELA GOMEZ

Your social security number

Table with columns for line number, description, amount, and total. Includes sections for Medical and Dental Expenses, Taxes You Paid, Interest You Paid, Gifts to Charity, Casualty and Theft Losses, and Other Itemized Deductions.

For Paperwork Reduction Act Notice, see the instructions for Forms 1040 and 1040-SR. BAA REV 04/19/20 TTW Schedule A (Form 1040 or 1040-SR) 2019

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SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

2019 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: MARCELA GOMEZ. Social security number (SSN). A Principal business or profession, including product or service (see instructions): CONSULTANT. B Enter code from instructions: 0. C Business name, if no separate business name, leave blank: AMERICAN CONSULTING AND SOCIAL SERVICES LEAGUE LLC. D Employer ID number (EIN) (see instr.). E Business address (including suite or room no.): 1380 NE MIAMI GARDENS DR SUITE 207. City, town or post office, state, and ZIP code: NORTH MIAMI BEACH, FL 33179. F Accounting method: (1) Cash (2) Accrual (3) Other (specify). G Did you "materially participate" in the operation of this business during 2019? H If you started or acquired this business during 2019, check here. I Did you make any payments in 2019 that would require you to file Form(s) 1099? J If "Yes," did you or will you file required Forms 1099?

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1. Line 4: Cost of goods sold. Line 5: Gross profit. Line 6: Other income. Line 7: Gross income.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 27 rows for expense calculation. Lines 8-17: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance, Interest, Mortgage, Other. Lines 18-27: Office expense, Pension and profit-sharing plans, Rent or lease, Vehicles, machinery, and equipment, Other business property, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Travel, Deductible meals, Utilities, Wages, Other expenses, Reserved for future use.

Lines 28-32 for profit/loss calculation. Line 28: Total expenses before expenses for business use of home. Line 29: Tentative profit or (loss). Line 30: Expenses for business use of your home. Line 31: Net profit or (loss). Line 32: Investment in this activity.

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	13,267.
40 Add lines 35 through 39	40	13,267.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	13,267.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BANK SERVICE CHARGE	351.
BAD DEBTS	39,316.
Charitable Contributions	3,849.
JENITORIAL	1,700.
POSTAGE	1,057.
SECURITY	750.
GIFTS	445.
DONATIONS	743.
48 Total other expenses. Enter here and on line 27a	48 48,211.

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SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

2019 Attachment Sequence No. 09

Name of proprietor: GASTON BOGOMOLNI & MARCELA GOMEZ. Social security number (SSN). A Principal business or profession, including product or service (see instructions): RENTALS. B Enter code from instructions. C Business name, if no separate business name, leave blank: GASMAR RENTALS LLC. D Employer ID number (EIN) (see instr.). E Business address (including suite or room no.): 1885 NE 208TH TERRACE. City, town or post office, state, and ZIP code: MIAMI, FL 33179. F Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify). G Did you "materially participate" in the operation of this business during 2019? [X] Yes [] No. H If you started or acquired this business during 2019, check here []. I Did you make any payments in 2019 that would require you to file Form(s) 1099? [] Yes [X] No. J If "Yes," did you or will you file required Forms 1099? [] Yes [X] No.

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales, 12,472. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1, 12,472. Line 4: Cost of goods sold (from line 42). Line 5: Gross profit. Subtract line 4 from line 3, 12,472. Line 6: Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). Line 7: Gross income. Add lines 5 and 6, 12,472.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 27 rows for expense calculation. Line 8: Advertising. Line 9: Car and truck expenses (see instructions). Line 10: Commissions and fees. Line 11: Contract labor (see instructions), 1,300. Line 12: Depletion. Line 13: Depreciation and section 179 expense deduction (not included in Part III) (see instructions). Line 14: Employee benefit programs (other than on line 19). Line 15: Insurance (other than health). Line 16: Interest (see instructions). Line 16a: Mortgage (paid to banks, etc.), 7,430. Line 16b: Other. Line 17: Legal and professional services. Line 18: Office expense (see instructions). Line 19: Pension and profit-sharing plans. Line 20: Rent or lease (see instructions): a Vehicles, machinery, and equipment; b Other business property. Line 21: Repairs and maintenance, 9,394. Line 22: Supplies (not included in Part III). Line 23: Taxes and licenses, 6,315. Line 24: Travel and meals: a Travel; b Deductible meals (see instructions). Line 25: Utilities. Line 26: Wages (less employment credits). Line 27a: Other expenses (from line 48). Line 27b: Reserved for future use.

Line 28: Total expenses before expenses for business use of home. Add lines 8 through 27a, 24,439. Line 29: Tentative profit or (loss). Subtract line 28 from line 7, -11,967.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home; and (b) the part of your home used for business: Use the Simplified Method Worksheet in the Instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a [X] All investment is at risk. 32b [] Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

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Schedule C (Form 1040 or 1040-SR) 2019

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [] Cost b [] Lower of cost or market c [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [] Yes [] No

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? [] Yes [] No

46 Do you (or your spouse) have another vehicle available for personal use? [] Yes [] No

47a Do you have evidence to support your deduction? [] Yes [] No

b If "Yes," is the evidence written? [] Yes [] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Blank table with 2 columns: Description and Amount for listing other business expenses.

48 Total other expenses. Enter here and on line 27a [] 48

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SCHEDULE SE (Form 1040 or 1040-SR)

Self-Employment Tax

2019

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleSE for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. 17

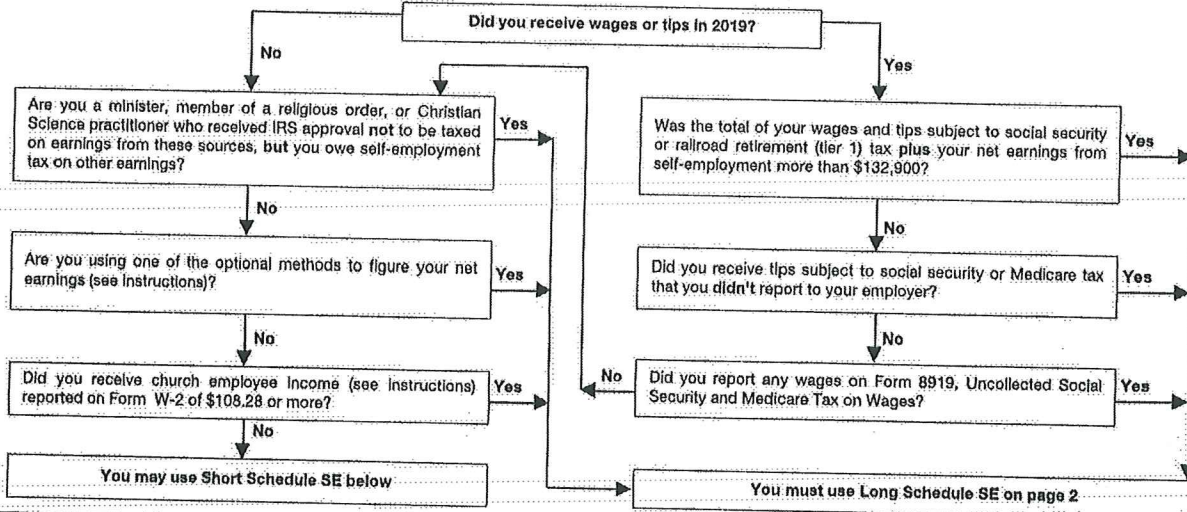
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) MARCELA GOMEZ

Social security number of person with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

Table with 6 rows for tax calculations: 1a Net farm profit, 1b Conservation Reserve Program, 2 Net profit, 3 Combine lines, 4 Self-employment tax calculation, 5 Self-employment tax, 6 Deduction for one-half of self-employment tax.

Table with 6 rows corresponding to the calculations in Section A, with values: 1a, 1b, 2 (44,558), 3 (44,558), 4 (41,149), 5 (6,296), 6 (3,148).

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule SE (Form 1040 or 1040-SR) 2019

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Additional information from your 2019 Federal Tax Return

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Schedule C (RENTALS): Profit or Loss from Business

Line 16a

Explanation Statement

Mortgage Interest on Form 1098

JPMorgan Chase Bank N.A.

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