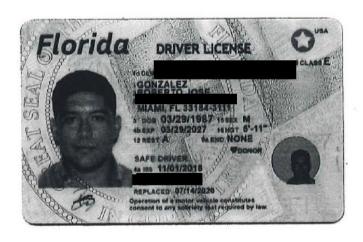
MIAMI-DADE COUNTY	OFFICE USE ONLY			
CANDIDATE OATH	Proof of residency provided:			
NONPARTISAN OFFICE	/			
(Do not use this form if a Judicial or School Board Candidate)	Driver's License	Utility Bill		
Check box <i>only</i> if you are seeking to qualify as a write-in candidate:	☐ Voter Information Card	☐ Homestead Exemption Receipt		
Write-in candidate (Although a Write-in candidate's name is not printed on the ballot,	☐ Property Tax Receipt	☐ Lease Agreement		
the name must be printed below for oath purposes.)	- Property Tax Receipt	Lease Agreement		
	date Oath			
Name to appear on ballot: ROBERTO J. GONZALEZ				
	th it to appear on the ballot – Name cannot	be changed after qualifying.)		
 Check box if two last names without hyphen Check box if name includes nickname 		1		
(For use of a nickname, you must complete the Nickname Affidavi		No. and the series than the series of the se		
I swear or affirm that I am a candidate for the nonpartisan office of	MIAMI-DADE COUNTY	COMMISSIONER,		
11	(Of)	fice) Ified under the Constitution and the		
(District/Area/Subarea #)				
Laws of Florida and the Home Rule Charter of Miami-Dade Count have qualified for no other public office in the state, the term of w		ettes		
and I have resigned from any office from which I am required to	점 방 가게 없는데 이 1.5% 이야 있다면서 되어 가고 있었는데 있다. 그래, 그래, 하나 바람이 하다 하나 그래 그래 하나 하는데 없는데 살아지는데 그래. [1			
the Constitution of the United States and the Constitution of the St	ate of Florida.	黄鱼 桶		
I affirm that I am a resident of Miami-Dade County, meet the mir	nimum residency requirements fo	or this office, and submitting proof of		
my residency in the district for the prescribed period. Under p				
Candidate and that the facts stated in such are true.		ARCO M		
	ling Fines, Fees, or Penalties	THE PARTY OF THE P		
I owe outstanding fines, fees, or penalties, that cumulatively exceed	d \$250, for ethics or campaign fina	ance violations (s. 99.021(1)(d), F.S.).		
YES, I Do	NO, I Do Not ✓			
If you do, you must also specify the amount owed and ea	ch entity that levied the same o	n the reverse side.		
(75				
x	robi	jgonzalezcampaign@gmail <u>ச</u> ு		
	phone Number	Email Address		
MI		00404		
	AMI FL	33184		
Address City	State	ZIP Code		
Address City STATE OF FLORIDA				
7	State	ZIP Code		
STATE OF FLORIDA	State State	ZIP Code ary Public State of Florida da T Rimart Commission HH 149320		
STATE OF FLORIDA COUNTY OF	State State	ZIP Code ary Public State of Florida		
STATE OF FLORIDA COUNTY OF	State State Note Lyne My Care Exp	ZIP Code ary Public State of Florida da T Rimart Commission HH 149320		
STATE OF FLORIDA COUNTY OF	State State Note Lyne My Care Exp	ZIP Code ary Public State of Florida da T Rimart Commission HH 149320		
STATE OF FLORIDA COUNTY OF	State State Note Lyn Exp Aynda J. Rur	ZIP Code ary Public State of Florida da T Rimant Commission HH 149320 ires 07/08/2025		

	Phonetic Spelling of Name	
Phonetic spelling for the audio ballot (not repronounced on the audio ballot as may be us roh - b eh r - t oh g oh n - z A	uired for qualifying purposes): Print the name phonetically on the line below as you wish it to be d by persons with disabilities (see instructions on page 3 of this form): A I eh z	
Stat	ment of Outstanding Fines, Fees or Penalties	
at the time of subscribing to the oath or affirm exceed \$250 for any violations of s. 8, Art. II of	ndidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall tion, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulativeline State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112 of conduct and disclosure requirements, or chapter 106.	ly
Amount	Entity	
N/A	N/A	
	E 202	
	DEPC P	
	Re in m	
Affidavit of	Nickname (Only required if using nickname for the ballot.)	1
My legal name is	*	y
Sworn to (or affirmed) and subscribed before	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: al presence	

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2024 JUN -6 PM 1: 05

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



人



2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2024

General Information

Name:

Mr Roberto J Gonzalez

Address:

111 NW 1st Street, Miami, FL 33128

PID 298679

County:

Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	County Commissioner District 11
Miami-Dade County	Miami International Airport	TPO Board Member
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Miami-Dade County Board of County Commissioners	Miami-Dade County Commissioner, District #11

Net Worth

My Net Worth as of <u>December 31, 2023</u> was \$4,896,242.43.

2024 JUN -6 PM 1: 01
MIAMI-DADE COUNTY
ELECTIONS DEPARTME

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Filed with COE: 06/05/2024

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; and 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 effect is \$90,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank of America (Checking Acct), PO Box 25118, Tampa, FL 33622	\$ 1,001.00
Bank of America (Checking Acct), PO Box 25118, Tampa, FL 33622	\$ 21,555.19
Bank of America (Savings Acct), PO Box 25118, Tampa, FL 33622	\$ 70,000.77
2023 GMC Yukon XL	\$ 70,000.00
2021 Chevrolet Tahoe Premier Sport	\$ 55,000.00
Personal Residence, Miami, FL 33184	\$ 932,000.00
Peregonza The Attorneys Law Office, 5201 Blue Lagoon Drive, Ste 290, Miami, FL 33126	\$ 5,000,000.00
Retirement Account-Mission Square, PO Box 669, South Windsor, CT 06074, 100% Fidelity Freedom Index 2050 Investor Fund	\$ 7,876.54

MIAMI-DADE SOUNTY

Filed with COE: 06/05/2024

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability \$ 472,931.31	
Cardinal Financial (Home Mortgage)	1 Corporate Drive, Ste 360, Lake Zurich, IL 60047		
Campus USA Credit Union (Auto Loan)	14007 NW 1st Road, Newberry, FL 32669	\$ 67,712.82	
GM Financial Services (Auto Loan)	801 Cherry Street, Ste 3900, Fort Worth, TX 76102	\$ 36,291.88	
Mohela 633 (Federal Student Aid)	633 Spirit Drive, Chesterfield, MO 63005	\$ 213,591.13	
US Small Business Administration (SBA Loan Guarantor)	99 3rd Street, SW, Washington, DC 20416 \$ 533,265.00		
Bank of America (Credit Card)	merica (Credit PO Box 25118, Tampa, FL 33622 \$ 20,318.3		
American Express (Credit Card) PO Box 981535, El Paso, TX 79998		\$ 7,080.58	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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



				Filed w	rith COE: 06/05/202
Income					
Identify each separate source income. Or attach a complete Please redact any social secur posted to the Commission's value I elect to file a copy of my PRIMARY SOURCES OF INCOM	e copy of your 20 rity or account nu vebsite. r 2023 federal inco	23 federal incon mbers before at	ne tax return, including all W taching your returns, as the	/2s, schedules law requires t	, and attachments.
Name of Source of Income Ex	xceeding \$1,000	Address of So	urce of Income		Amount
Miami-Dade County (W-2)		111 NW 1st St	reet		\$ 70,206.42
PereGonza The Attorneys (W	-2)	5201 Blue Lag	oon Drive, Ste #290, Miami,	FL 33126	\$ 82,814.14
PereGonza The Attorneys (K-:	1)	5201 Blue Lag	oon Drive, Ste #290, Miami,	FL 33126	\$ 68,448.00
N/A					
Interests in Specified Business Entity # 1	Businesses				
N/A					
					MIAMI-DADE

Filed with COE: 06/05/2024

Training

i=k-j-1

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Roberto J Gonzalez

Digitally signed: 06/05/2024

Filed with COE: 06/05/2024





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Elections 2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8501 TTY: 305-499-8480

miamidade.gov

2024 JUN -6 PM 1: 06

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CERTIFICATION Batch 1

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 1,835 signatures submitted by Roberto J Gonzalez for the office of Miami-Dade County Commissioner District 11 matched the signatures on the voter files.

Christina White Supervisor of Elections WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 7th DAY OF
MAY 2024.