

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GONZALES FOR Judge					
Full Name RICHARD E & Rosemarie GONZALES				Registration Number, if PAC	
Address 11327 Little Bear Drive		Type* LOAN	M 02	D 18	Y 14
City Boca Raton		State FL	Zip Code 33428		Amount 10,000⁰⁰
Form (Cash, Check, etc.) check					
Full Name Dale & Gina Limes					
Address 482 Bellfroy Drive				Registration Number, if PAC	
City Westerville		Type* LOAN	M 02	D 18	Y 14
State OH		Zip Code 43082		Amount 1,000⁰⁰	
Form (Cash, Check, etc.) check					
Full Name Anthony or Lisa GONZALES					
Address 3798 Co Co Lake Dr.				Registration Number, if PAC	
City Coconut Creek		Type* LOAN	M 02	D 13	Y 14
State FL		Zip Code 33073		Amount 1,000⁰⁰	
Form (Cash, Check, etc.) check					
Full Name					
Address				Registration Number, if PAC	
City		Type*	M	D	Y
State		Zip Code		Amount	
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type*	M	D	Y
State		Zip Code		Amount	
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type*	M	D	Y
State		Zip Code		Amount	
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type*	M	D	Y
State		Zip Code		Amount	
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City		Type*	M	D	Y
State		Zip Code		Amount	
Form (Cash, Check, etc.)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.