

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Trujillo Carlos

MAILING ADDRESS:

12860 NW 7<sup>th</sup> St

CITY:

Miami

ZIP:

33182

COUNTY:

Miami-Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

State Representative

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED

14 JUN 16 AM 11:43

DIVISION OF ELECTIONS  
SECRETARY OF STATE

AND DELIVERED

214569

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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<sup>st</sup>, 2014 was \$ \$343,939.62

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.

The aggregate value of my household goods and personal effects (described above) is \$ 35,000<sup>00</sup>

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
821 Tanger St Coral Gables, FL 33134	\$375,000
2333-A Via Sardinia St Tallahassee, FL 32305	\$85,000
Bank United Checking Account Miami, FL	\$37,500
Bank United Saving Account Miami, FL	\$4,250.
See Attached	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Sallie Mae P.O. Box 9635 Wilkes, Barre, PA	67,145.82
Access Group 10 N High Street West Chester, PA	12,573.62
Nation Star Mortgage 1010 W. Mackinbird Dallas, Tx.	276,457.19
SLS Mortgage 8742 Lucent Blvd. Highlands, CO	77,134.57

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 federal income tax return, including all W2's, schedules, and attachments. **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2013 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
Carlos Trujillo, PA	815 Ponce Deleon Blvd. Coral Gables, FL	309,960 <sup>00</sup>
State of Florida	200 West Gaines St Tallahassee, FL	29,697 <sup>00</sup>
Rental Income	821 Tangier St / 2538 Vln Sardinia	30,000 <sup>00</sup>

**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	Carlos Trujillo, PA	815 Ponce Deleon INC, LLC	
ADDRESS OF BUSINESS ENTITY	815 Ponce Deleon Blvd.	815 Ponce Deleon	
PRINCIPAL BUSINESS ACTIVITY	Law Firm	Building	
POSITION HELD WITH ENTITY	President	Member	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Sole Proprietor	Member	

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

**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami Dade

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.

Sworn to (or affirmed) and subscribed before me this 13 day of

June, 2014 by Carlos Trujillo



Laura Peralta  
 NOTARY PUBLIC (Signature of Notary Public--State of Florida)  
 STATE OF FLORIDA  
 Comm# EE195107  
 Expires 5/2/2016 (Print, Type, or Stamp Commissioned Name of Notary Public)

Ch Trujillo  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification   
 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.**

## Part B Continued

- 1) FRS Retirement Account 200 W Gaines St Tallahassee, FL
  - a. Mixed mutual fund index \$44,800
  
- 2) T. Rowe Price Deferred Compensation Account
  - a. Retirement 2050 Active Trust Account \$6,082.21
  
- 3) Scottrade Investment Account \$5,213
  - a. GLUU stock \$3,750
  - \* Remaining investments are not in excess of \$1,000