



Filing ID #10001105

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Gary L. Koniz  
**Status:** Congressional Candidate  
**State/District:** FL04

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2014  
**Filing Date:** 04/30/2014

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
M&T Bank Securities	SP	\$100,001 - \$250,000	None		
Vystar Credit Union	SP	\$50,001 - \$100,000	Interest	\$1 - \$200	\$201 - \$1,000

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
ClubCorp USA d/b/a DeerCreek Country Club, Jacksonville, FL	Salary	\$2,100	\$24,000
Baptist Medical Center, Jacksonville, FL	Spouse	N/A	N/A
Social Security	SS Benefits	\$1,045	\$13,269
Vystar Credit Union	Spouse's Money Market	\$34	\$420

## SCHEDULE D: LIABILITIES

None disclosed.

## **SCHEDULE E: POSITIONS**

None disclosed.

## **SCHEDULE F: AGREEMENTS**

None disclosed.

## **SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

## **EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## **COMMENTS**

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Gary L. Koniz , 04/30/2014