



Filing ID #10063183

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Dr. Joel Rudman
Status: Congressional Candidate
State/District: FL01

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2024
Filing Date: 12/19/2024
Period Covered: 01/01/2023– 09/6/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Holy Navarre Medical Clinic Simple IRA ⇒ Simple IRA [OT]		\$250,001 - \$500,000	Tax-Deferred		
DESCRIPTION: SIMPLE IRA					
MassMutual [WU]		\$100,001 - \$250,000	None		
MassMutual [WU]	SP	\$50,001 - \$100,000	None		
Schwab ⇒ Schwab Managed Account [OT]		\$500,001 - \$1,000,000	Capital Gains, Dividends, Interest	\$5,001 - \$15,000	\$5,001 - \$15,000
DESCRIPTION: SMA					
Schwab IRA [OT]	SP	\$1,001 - \$15,000	Tax-Deferred		
DESCRIPTION: Spouse Roth IRA - SMA					
Schwab IRA ⇒ Schwab IRA [OT]		\$100,001 - \$250,000	Tax-Deferred		
DESCRIPTION: Rollover IRA					
Schwab IRA ⇒		\$15,001 - \$50,000	Tax-Deferred		

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Schwab IRA [OT] DESCRIPTION: Roth IRA - SMA					
Simple IRA [OT]	SP	\$250,001 - \$500,000	Tax-Deferred		

DESCRIPTION: Spouse SEP IRA

* Investment vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Holley Navarre Medical Clinic	Doctor salary	\$90,000.00	\$69,000.00
State of Florida	Representative salary	\$29,697.00	\$29,697.00
Holley Navarre Medical Clinic	Owner (ordinary business income)	N/A	\$93,732.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	REGIONS BANK	2005	Office note on medical practice	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
HOLLEY NAVARRE MEDICAL CLINIC (Navarre, FL, US)	Dr for my solo practice
State of Florida (Tallahassee, FL, US)	Member of the Florida House

SCHEDULE A INVESTMENT VEHICLE DETAILS

- Holy Navarre Medical Clinic Simple IRA
DESCRIPTION: Retirement Plan
- Schwab
- Schwab IRA

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

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: Dr. Joel Rudman , 12/19/2024