

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Lewis Angel Starr

MAILING ADDRESS:

2458 Springleaf Ln

Lecanto 34461 Citrus

CITY: ZIP: COUNTY:

Lecanto 34461 Citrus

NAME OF AGENCY:

Citrus County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commission Dist. 3

CHECK IF THIS IS A FILING BY A CANDIDATE

2020 JUN 10 PM 4:27

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 8th, 20 20 was \$ 400,845.⁸⁹

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 3,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Book Value of Hallal Enterprise Inc	15,799. ⁸⁷
Hallal Enterprise Inc Non Dividend Distribution	7,508. ⁵⁰
Regions Business Checking	1,445. ²³
See attached sheet for additional assets	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Regions non secured loan business	15,369. ⁸¹
Drummond property loan	469,739. ⁷⁹
Suncoast Equity line (house)	49,200. ⁹⁵
Suv Buick Enclave Ally Financial	4,200. ⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Hallal Enterprise W2	1935 SE Hwy 19 Crystal River	9600.00
Rental Income	6880 N. Capri Loop Hernando	7650.00

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	Hallal Enterprise Inc	Hallal Enterprise Inc	
ADDRESS OF BUSINESS ENTITY	1935 SE Hwy 19	7395 W. Pinebrook	
PRINCIPAL BUSINESS ACTIVITY	Restaurant	Restaurant	
POSITION HELD WITH ENTITY	President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	liq lic owner	liq lic operator	

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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.

STATE OF FLORIDA
 COUNTY OF Citrus
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 10th day of
June, 2020 by Angel Starr Lewis
Georgette R Brock
 (Signature of Notary Public--State of Florida) Notary Public State of Florida
 My Commission GG 952648
 Expires 01/28/2024
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Angel Starr Lewis
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Drivers License L200-017-84-8630

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.

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

Angel Lewis For County Commission 3

Part B Assets Cont:

	Value	
Capital City Personal Act	7,382.	47
Drummond business Act	9,408.	97
Drummond Personal Act (joint)	3,748.	90
Suncoast Money Market (joint)	6,312.	24
4 COP liquor lic	100,000.	00
Carolina Skiff 98' (K.B value)	9,170.	00
Residence: 2458 Springleaf Ln Lecanto Fl 34461	125,300.	00
mobile home: 6880 N. Capri loop Hernando Fl	24,375.	00
Restaurant: 1935 SE Hwy 19 Crystal River, Fl 34429	474,960.	00
Truck Nissan Titan 2005 (K.B value)	5,566.	00
SUV Buick Enclave 2012 (K.B value)	7,616.	00
Franklin Income Fund	31,827.	46
Texas Pac	14,196.	00
Brooksfield Asset Mgt	11,692.	80
Alerian MIP	15,381.	60
Suncoast Checking + Saving Business Personal	5,847.	61
	331.	26
Suncoast Checking + Saving Business	885.	74
	3600.	79