

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

**OFFICE USE ONLY**

(Do not use this form if a Judicial or School Board Candidate)

Proof of residency provided:

Check box **only** if you are seeking to qualify as a write-in candidate:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

Write-in candidate

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Eddie Lewis

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami-Dade County Commission 03  
(Office) (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes, and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

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 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

Candidate's Florida Voter Registration Number (located on your voter information card): 109087160

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

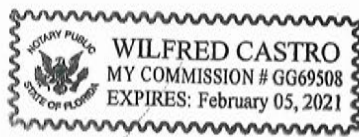
Eddie Lewis

<b>X</b>	<u>[Signature]</u>	<u>(305) 812 4576</u>	<u>lewis3528@outlook.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>9490 N.W. 1 Ave</u>	<u>Miami Shores</u>	<u>A 33152</u>
	Address	City	State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical  or online  presence this 14 day of May, 2020.

Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced: FL DL

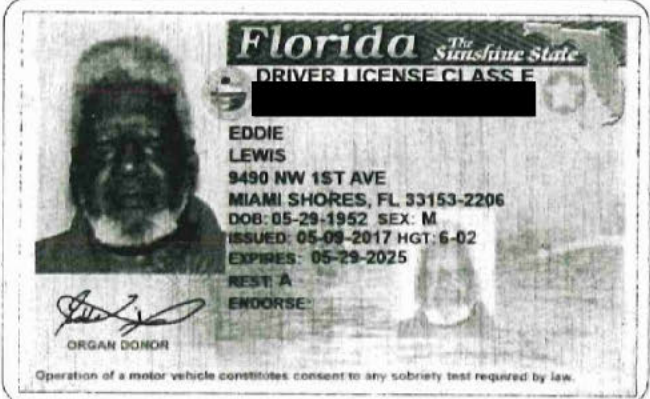


[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public

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**Florida** *The Sunshine State*  
DRIVER LICENSE CLASS E

EDDIE  
LEWIS  
9490 NW 1ST AVE  
MIAMI SHORES, FL 33153-2206  
DOB: 05-29-1952 SEX: M  
ISSUED: 05-09-2017 HGT: 6-02  
EXPIRES: 05-29-2025  
REST: A  
ENDORSE:

*Eddie Lewis*  
ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**FORM 6**

**FULL AND PUBLIC DISCLOSURE**

**2019**

**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:

EDDIE LEWIS

MAILING ADDRESS:

9490 NW 1 AV

CITY :

MIAMI SHORES

ZIP :

33150

COUNTY :

MIAMI SHORES

NAME OF AGENCY :

*Miami-Dade County*

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MIAMI-DADE COUNTY COMMISSION DISTRICT 03

CHECK IF THIS IS A FILING BY A CANDIDATE

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**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 14 MAY, 20 20 was \$ 500,00.00.

**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 \$ \_\_\_\_\_

**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
HOME	150,000.00

**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
DCFCU	60,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	



**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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A		

**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
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

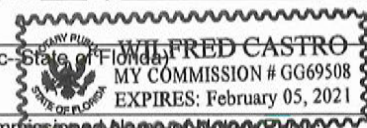
For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 Miami-Dade  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 14 day of  
May, 2020 by Eddie Lewis

(Signature of Notary Public - State of Florida)  
  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification   
 Type of Identification Produced FL-DL

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**

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FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2019** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

012372812-11101186758-2

Box 1. Name EDDIE LEWIS		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2019 \$28,987.20	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) \$28,987.20

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$19,125.60	NONE
Medicare Part B premiums deducted from your benefits \$2,275.20	
Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$148.80	
Voluntary Federal income tax withheld \$7,437.60	
Total Additions \$28,987.20	
Benefits for 2019 \$28,987.20	Box 6. Voluntary Federal Income Tax Withheld \$7,437.60
	Box 7. Address EDDIE LEWIS 9490 NW 1ST AVE MIAMI SHORES FL 33150-2206
	Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

012372812-11101186758-2



Form **1040** CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet **2019 & 2020**

Name **EDDIE LEWIS** Taxpayer Identification Number [REDACTED]

- A. Filing Status
- B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to C. Yes **Stop here**
- C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line D and go to line 1. No, go to line D
- D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No, **Stop here**
- |  |  |   |   |
|--|--|---|---|
|  | 2018   | 2019  | 2020  |
|  |  | <u>SGL</u>  | <u>SGL</u>  |
|  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

	2018	2019	2020
1. Adjusted gross income (AGI) from the return		94,394	92,573
2. Recovery rebates based upon filing status. Enter \$1,200 (\$2,400 if MFJ)		1,200	1,200
3. Number of children qualified for the child tax credit			
4. Number of children under 17 with adoption taxpayer identification number (ATIN)			
5. Add lines 3 and 4			
6. Enter \$500		500	500
7. Rebate credit for qualifying child dependent under age 17. Multiply line 6 by 5.			
8. Total rebate check before AGI limits. Add line 2 and 7.		1,200	1,200
9. Phaseout limit based upon filing status. Enter \$75,000 (\$150,000 MFJ; \$112,500 HH)		75,000	75,000
10. Subtract line 9 from line 1. If less than zero, enter -0-		19,394	17,573
11. Recovery rebate reduction. Multiply line 10 by 5% (0.05)		970	879
12. Projected rebate check. Subtract line 11 from line 8. If less than zero, enter -0-		230	321
13. Enter the amount from line 12 of the year used to calculate			230
14. Recovery rebate credit for 2020. Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82			2019 Tax Return 91

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Form **8948**  
(Rev. September 2018)  
Department of the Treasury  
Internal Revenue Service

# Preparer Explanation for Not Filing Electronically

◆ Go to [www.irs.gov/Form8948](http://www.irs.gov/Form8948) for instructions and the latest information.

OMB No. [REDACTED]

Attachment Sequence No. [REDACTED]

Name(s) on tax return

**EDDIE LEWIS**

Tax year of return

**2019**

Taxpayer's identifying number

[REDACTED]

Preparer's name

**Kristine Mila**

Preparer Tax Identification Number (PTIN)

[REDACTED]

Three out of four taxpayers now use IRS e-file. Go to [www.irs.gov/efile](http://www.irs.gov/efile) for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- More accurate returns
- Secure transmissions
- Easier filing method
- E-payment options
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

1  Taxpayer chose to file this return on paper.

2  The preparer received a waiver from the requirement to electronically file the tax return.

Waiver Reference Number \_\_\_\_\_ Approval Letter Date \_\_\_\_\_

3  The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

4  This return was rejected by IRS e-file and the reject condition could not be resolved.

Reject code: \_\_\_\_\_ Number of attempts to resolve reject: \_\_\_\_\_

5  The preparer's e-file software package does not support Form \_\_\_\_\_ or Schedule \_\_\_\_\_ attached to this return.

6 Check the box that applies and provide additional information if requested.

a  The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.

b  The preparer is ineligible to participate in IRS e-file.

c  Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

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For Paperwork Reduction Act Notice, see instructions.

Form **8948** (Rev. 9-2018)