

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 AVE

CITY: **MIAMI SHORES** ZIP: **33150** COUNTY: **MIAMI DADE**

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

RECEIVED
 2020 MAY 20 PM 1:54
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

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 18 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 \$ 150,000.00

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	350,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

DADE COUNTY FEDERAL CREDIT UNION	60,000.00
1500 N.W. 107 AVE	
MIAMI, FL. 33172	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

<i>NA</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
SOCIAL SECURITY BENEFIT	1100 West High, Baltimore, MD 21235	28,987.20
FLORIDA RETIREMENT SYSTEM	P.O. BOX 9000 TALLAHASSEE, FL. 32315-9	67,045.38

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		
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 20th day of May, 2020 by Vanessa Innocent

(Signature of Notary Public--State of Florida) Vanessa Innocent
 Notary Public - State of Florida
 Commission # GG 211908
 My Comm. Expires Jun 2, 2022
 Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification

Type of Identification Produced Florida Driver License

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

RECEIVED

2020 MAY 20 PM 1:54

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIVED

2020 MAY 14 PM 1:51

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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.

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

Paid by check or direct deposit	\$19,125.60
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

DESCRIPTION OF AMOUNT IN BOX 4

NONE

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]

0123272812-1101186758-2

0123272812-1101186758-2

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 No Yes No Yes No Yes
- 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 Yes No Yes No Yes No
- 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 Yes No Yes No Yes 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

RECEIVED
2020 MAY 20 PM 1:55
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

RECEIVED
2020 MAY 14 PM 1:51
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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

Preparer Explanation for Not Filing Electronically

◆ Go to 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 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.

RECEIVED
 2020 MAY 14 PM 1:51
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

RECEIVED
 2020 MAY 20 PM 1:55
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

For Paperwork Reduction Act Notice, see instructions.

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

