

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:

Papadopoulos Gabriel Dafnis

MAILING ADDRESS:

8327 Creedmoor Ln

New Port Richey, FL 34654

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Pasco County Commissioner City

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2020 JUN -8 PM 12:54
 BRIAN L. CASHLEY
 SUPERVISOR OF ELECTIONS
 PASCO COUNTY, FLORIDA

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 2nd, 20 20 was \$ \$10,052.35

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 \$ 750,290.18

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
8327 Creedmoor Lane, New Port Richey, FL 34654	\$342,000
11204 Tyler Dr, Port Richey, FL 34668	\$112,000
5131 Suwannee Dr, New Port Richey, FL 34652	\$90,000
ICMA RC Retirement Account	\$66,084.59

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
United Whole Sale Mortgage, 8950 Cypress Waters Blvd, Suite 100, Coppell, TX 75019	\$250,237.83

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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:

Papadopoulos Gabriel Dafnis

MAILING ADDRESS:

8327 Creedmoor Ln

New Port Richey, FL 34654

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Passo County Commissioner Dist. 4

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
 2020 JUN -8 PM 12:54
 PALM HARBOR COUNTY
 SUPERVISOR OF ELECTIONS
 PALM HARBOR, FL 34684

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 2nd, 2020 was \$ 500,052.35

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 \$ See page 1

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Suncoast Credit Union	\$64,787.09
Florida West Coast Credit	\$9,931.41
Cyprus Account	\$45,487.09
ICMA-RC Retirement Account	\$66,884.59

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>See page 1</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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:

Papadopoulos-Gabriel- Dafnis

MAILING ADDRESS:

8327 Creedmoor Ln

New Port Richey, FL34654

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Passo County Commissioner Dist. 4

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
2020 JUN -8 PM 12:55
BRIAN L. CALLEY
SUPERVISOR of ELECTIONS
SUNBELT COUNTY FLORIDA

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 2nd, 2020 was \$ 510,052.35

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 \$ See page 1

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Household Goods and Personal Effects	\$30,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See page 1	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N.A	

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
See attached tax return		

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
See attached tax return			

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 Pasco

MY COMMISSION # 3097760
 EXPIRES April 15, 2021

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 3 day of

June, 2020 by Rachel Lamanati

Rachel Lamanati
 (Signature of Notary Public--State of Florida)

RACHEL LAMANATI
 MY COMMISSION # 3097760
 EXPIRES April 15, 2021

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

Personally Known _____ OR Produced Identification

Type of Identification Produced FL DL

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial: **GABRIEL D** Last name: **PAPADOPOULOS**
 If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street) If you have a P O box, see instructions: **8327 CREEDMOOR LANE** Apt. no.:
 City, town or post office, state, and ZIP code If you have a foreign address, also complete spaces below (see instructions): **NEW PORT RICHEY FL 34654**
 Foreign country name: Foreign province/state/county: Foreign postal code: If more than four dependents, see instr. and here ▶

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions)	
				Child tax credit	Credit for other dependents

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	9,700
2a	Tax-exempt interest	2a	
2b	Taxable interest. Attach Sch. B if required	2b	79
3a	Qualified dividends	3a	
3b	Ordinary divs. Att. Sch. B if req.	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
4c	Pensions and annuities	4c	
4d	Taxable amount	4d	43,640
5a	Soc. sec. ben.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	3,814
7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	57,233
8a	Adjustments to income from Schedule 1, line 22	8a	2,219
8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	55,014
9	Standard deduction or itemized deductions (from Schedule A)	9	25,089
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	763
11a	Add lines 9 and 10	11a	25,852
11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	29,162

Standard Deduction for —
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

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 2020 JUN -8 PM 12:56
 PALAN L. GALEY
 SUPERVISOR OF ELECTIONS
 DUNEDON, FLORIDA

GABRIEL D PAPADOPOULOS

12a Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	3,307
b Add Schedule 2, line 3, and line 12a and enter the total	12b	3,307
13a Child tax credit or credit for other dependents	13a	
b Add Schedule 3, line 7, and line 13a and enter the total	13b	
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	3,307
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15	4,437
16 Add lines 14 and 15. This is your total tax	16	7,744
17 Federal income tax withheld from Forms W-2 and 1099	17	4,298
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 8812	18b	
c American opportunity credit from Form 8863, line 8	18c	
d Schedule 3, line 14	18d	
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19 Add lines 17 and 18e. These are your total payments	19	4,298

• If you have a qualifying child, attach Sch. EIC
• If you have nontaxable combat pay, see instructions

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here

b Routing number **c** Type: Checking Savings

d Account number

22 Amount of line 20 you want **applied to your 2020 estimated tax**

23 **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions

24 Estimated tax penalty (see instructions)

23 **3,537**

24 **91**

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records

Your signature Date Your occupation **MINISTER**

Spouse's signature If a joint return, both must sign Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here

If the IRS sent your spouse an Identity Protection PIN, enter it here

Phone no Email address

Preparer's name **David DeWeerd, CPA** Preparer's signature **David DeWeerd, CPA** PTIN **P00313712** Check if 3rd Party Designee Self-employed

Firm's name **KEHOE & DEWEERD, CPA, PA** Date **06/02/20**

Firm's address **TRINITY FL 34655-5361** Phone no **727-375-2008**

Firm's EIN **59-3417875**

Go to www.irs.gov/Form1040 for instructions and the latest information.

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 2020 JUN - 8 PM 12: 56
 BRIAN E. CORLEY
 SUPERVISOR OF BUDGETING
 CREDIT & DEBIT

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No 1545-0074

2019

Attachment
Sequence No **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040 or 1040-SR

GABRIEL D PAPADOPOULOS

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	3,814
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	3,814

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	2,219
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	2,219

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

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 BRIAN L. COBLEY
 SUPERVISOR OF REGISTRATION
 DALLAS, TEXAS

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Attachment
Sequence No **02**

Name(s) shown on Form 1040 or 1040-SR

GABRIEL D PAPADOPOULOS

415-39-4032

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,437
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	4,437

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

Client Copy

BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE COUNTY, FLORIDA

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SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019

Attachment
Sequence No **07**

Name(s) shown on Form 1040 or 1040-SR

GABRIEL D PAPADOPOULOS

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2			
	3 Multiply line 2 by 7.5% (0.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	778		
	b State and local real estate taxes (see instructions)	5b	4,489		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	5,267		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	5,267		
	6 Other taxes. List type and amount ▶	6			
	7 Add lines 5e and 6			7	
				5,267	
Interest You Paid	Caution: Your mortgage interest deduction may be limited (see instructions)				
	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	9,447		
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Mortgage insurance premiums (see instructions)	8d	374		
	e Add lines 8a through 8d	8e	9,821		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
		10 Add lines 8e and 9			10
					9,821
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	10,001		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13				14
				10,001	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				
				15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶				
				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9				
				17	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				
				25,089	

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SCHEDULE B
(Form 1040 or 1040-SR)

Interest and Ordinary Dividends

OMB No 1545-0074

2019

Attachment Sequence No **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return

GABRIEL D PAPADOPOULOS

Part I		Amount
Interest (See instructions and the instructions for Form 1040 and 1040-SR, line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶ SUNCOAST CREDIT UNION	79
	2 Add the amounts on line 1	79
	3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	79

Note: If line 4 is over \$1,500, you must complete Part III.

Part II		Amount
Ordinary Dividends (See instructions and the instructions for Form 1040 and 1040-SR, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.	5 List name of payer ▶	
	6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	

Note: If line 6 is over \$1,500, you must complete Part III.

Part III		Yes	No
Foreign Accounts and Trusts You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.	7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	<input checked="" type="checkbox"/>	
	b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ Cyprus	<input checked="" type="checkbox"/>	
	8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No 1545-0074

2019

Attachment Sequence No **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

GABRIEL D PAPADOPOULOS

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 5131 SUWANNE DR, NEW PORT RICHEY, FL 34652
B 11204 TYLER DR., PORT RICHEY, FL 34668

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
				A	B	C
A	1			365		
B	1			365		
C						

Type of Property:

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	8,870	11,010	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	386	386	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,000	5,000	
15 Supplies	15			
16 Taxes	16	1,338	1,604	
17 Utilities	17	2,558		
18 Depreciation expense or depletion	18	1,589	2,205	
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,871	9,195	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	1,999	1,815	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0	0	

23a Total of all amounts reported on line 3 for all rental properties	23a	19,880	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	3,794	
e Total of all amounts reported on line 20 for all properties	23e	16,066	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	3,814
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	3,814

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

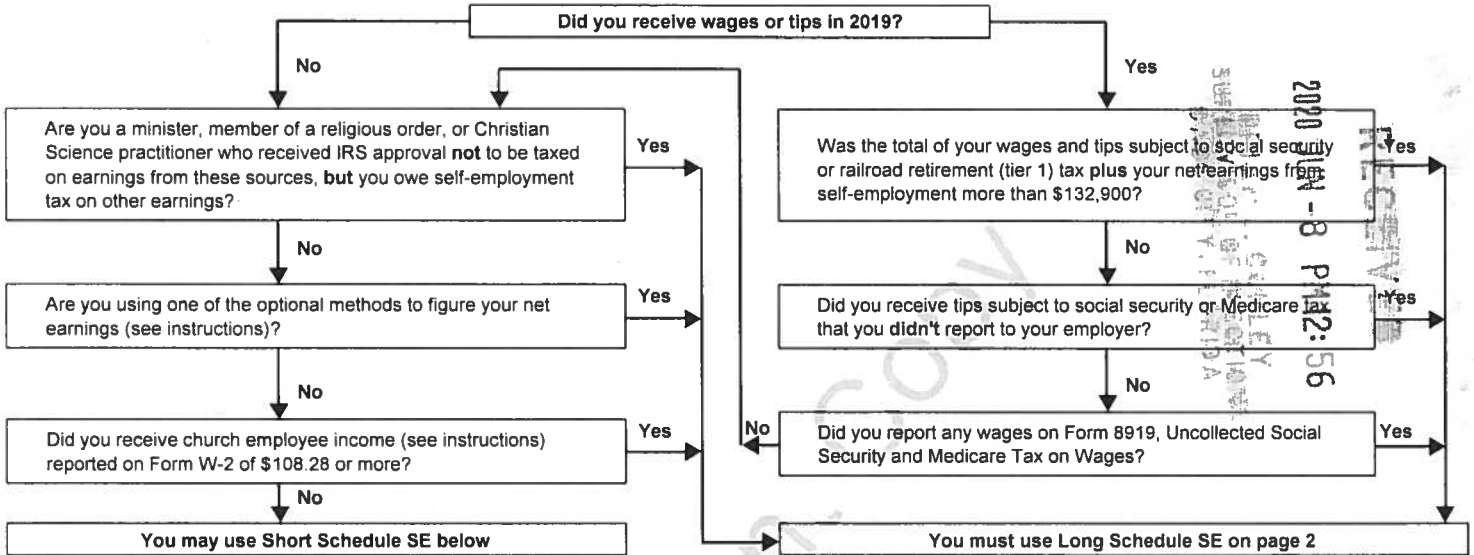
GABRIEL D PAPADOPOULOS

Social security number of person
with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	31,400
3	Combine lines 1a, 1b, and 2	3	31,400
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	28,998
5	Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	5	4,437
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	2,219

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

Form **8995**

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **55**

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

GABRIEL D PAPADOPOULOS

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	RESIDENTIAL RENTAL	115-79-4032	1,999
ii	RESIDENTIAL RENTAL	615-38-7012	1,815
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,814
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	3,814
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	763
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	763
11	Taxable income before qualified business income deduction	11	29,925
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	29,925
14	Income limitation. Multiply line 13 by 20% (0.20)	14	5,985
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	763
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

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Form **8938**

Statement of Specified Foreign Financial Assets

OMB No 1545-2195

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

2019

Attachment
Sequence No. 175

Department of the Treasury
Internal Revenue Service

For calendar year **2019** or tax year beginning _____ and ending _____

If you have attached continuation statements, check here Number of continuation statements _____

1 Name(s) shown on return

GABRIEL D PAPADOPOULOS

3 Type of filer

a Specified individual b Partnership c Corporation d Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name _____ b TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

1	Number of Deposit Accounts (reported in Part V)	▶	
2	Maximum Value of All Deposit Accounts		\$
3	Number of Custodial Accounts (reported in Part V)	▶	
4	Maximum Value of All Custodial Accounts		\$
5	Were any foreign deposit or custodial accounts closed during the tax year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Other Foreign Assets Summary

1	Number of Foreign Assets (reported in Part VI)	▶	
2	Maximum Value of All Assets (reported in Part VI)		\$
3	Were any foreign assets acquired or sold during the tax year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 _____ 2. Number of Forms 3520-A _____ 3. Number of Forms 5471 _____
 4. Number of Forms 8621 _____ 5. Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

1	Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial	2	Account number or other designation 2103639-7
3	Check all that apply	a	<input type="checkbox"/> Account opened during tax year
		b	<input type="checkbox"/> Account closed during tax year
		c	<input type="checkbox"/> Account jointly owned with spouse
		d	<input type="checkbox"/> No tax item reported in Part III with respect to this asset
4	Maximum value of account during tax year	\$	40,659
5	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	If you answered "Yes" to line 5, complete all that apply.		
	(a) Foreign currency in which account is maintained EURO	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service WWW.CURRENCYCONVERTER.COM

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions) (continued)

<p>7a Name of financial institution in which account is maintained HELLENIC BANK (FORMER CYPRUS CO-OP)</p>	<p>b Global Intermediary Identification Number (GIIN) (Optional)</p>
<p>8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 42 AYIAS FILAXEOS STR PO BOX 56325</p>	
<p>9 City or town, state or province, and country (including postal code) LIMASSOL 3306</p>	

Cyprus

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

<p>1 Description of asset</p>	<p>2 Identifying number or other designation</p>	
<p>3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.</p>		
<p>a Date asset acquired during tax year, if applicable _____</p>		
<p>b Date asset disposed of during tax year, if applicable _____</p>		
<p>c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset</p>		
<p>4 Maximum value of asset during tax year (check box that applies)</p>		
<p>a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000</p>		
<p>e If more than \$200,000, list value _____ \$</p>		
<p>5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>6 If you answered "Yes" to line 5, complete all that apply.</p>		
<p>(a) Foreign currency in which asset is denominated</p>	<p>(b) Foreign currency exchange rate used to convert to U.S. dollars</p>	<p>(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service</p>

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity _____	b GIIN (Optional) _____
c Type of foreign entity (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate	
d Mailing address of foreign entity. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty _____	b GIIN (Optional) _____
Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty	
b Type of issuer or counterparty (1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate	
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____	
e City or town, state or province, and country (including postal code) _____	

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