

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

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

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

Write-in candidate

**OFFICE USE ONLY**

Proof of residency provided:

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

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Laurie Melnick

(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 community council 16/161-B  
 (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.

Candidate's Florida Voter Registration Number (located on your voter information card): 1095474524

**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.]

Lawsee Melnick.

<b>X</b>		<b>(305) 793-8933</b>	<b>LaurieMelnick@icloud.com</b>
	<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>
	<u>2114 Fisher Island Drive</u>	<u>Miami</u>	<u>FL 33109</u>
	<b>Address</b>	<b>City</b>	<b>State</b> <b>ZIP Code</b>

**STATE OF FLORIDA**

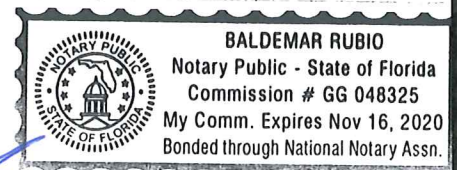
COUNTY OF Miami Dade


Sworn to (or affirmed) and subscribed before me by physical  or online  presence this 27<sup>th</sup> day of May, 2020.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: Drivers license



  
**Signature of Notary Public**  
 Print, Type, or Stamp Commissioned Name of Notary Public

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



**MIAMI-DADE COUNTY**

Voter Information Card  
Miami-Dade County, FL  
Tarjeta de Información del Elector  
Condado de Miami-Dade, FL

Laurie Beth Melnick  
2114 Fisher Island Dr  
Miami FL 33109

**Kat Enfòmasyon Votè**  
Konte Miami-Dade, FL

ISSUED  
EMITIDA  
ENPRIME  
03/06/20

Bring photo identification when voting.  
Para votar, presente una identificación con fotografía.  
Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon  
109574524

Voting Location | Centro de Votación | Lokal Biwo Vòt  
Rebecca Towers  
200 Alton Rd

Precinct No.  
Núm. del Recinto  
Nim. Biwo Vòt  
047

Date of Birth  
Fecha de Nacimiento  
Dat Nesans  
9/24/1954

Registration Date  
Fecha de Inscripción  
Dat Enskripsyon  
2/7/1996

Party Affiliation | Afiliación Partidista | Pati Politik  
FLORIDA DEMOCRATIC PARTY

**Christina White**  
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon



LAURIE MELNICK  
2114 FISHER ISLAND DR  
MIAMI BEACH FL 33109-0049

Hello Laurie Melnick,  
Here's what you owe for this billing period.

Amount of your last bill	\$90.60
Payments	-\$90.60
New charges due by May 22, 2020	\$140.16
<b>Total amount you owe</b>	<b>\$140.16</b>

FPL automatic bill pay - DO NOT PAY

Amount of your last bill	90.60
Payment received - Thank you	-90.60
<b>Balance before new charges</b>	<b>\$0.00</b>

**NEW CHARGES**

Rate: RS-1 RESIDENTIAL SERVICE

Customer charge: \$8.34

Non-fuel: (First 1000 kWh at \$0.066840) \$110.61  
(Over 1000 kWh at \$0.077460)

Fuel: (First 1000 kWh at - \$0.003650) -\$0.06  
(Over 1000 kWh at \$0.006350)

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**Electric service amount 118.89**

Gross receipts tax 3.05

Franchise charge 4.39

Utility tax 13.83

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**Taxes and charges 21.27**

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**Total new charges \$140.16**

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**Total amount you owe \$140.16**

**May 1, 2020 Electric Bill**

For: Apr 1, 2020 to May 1, 2020 (30 days)

**Service Address**  
2114 FISHER ISLAND DR  
MIAMI BEACH, FL 33109  
GREGMELMD@AOL.COM  
**Account Number** [REDACTED]

**Questions? Contact Us**  
Reliable energy is affordable energy.  
Learn how we save you money at [fpl.com/savings](http://fpl.com/savings)

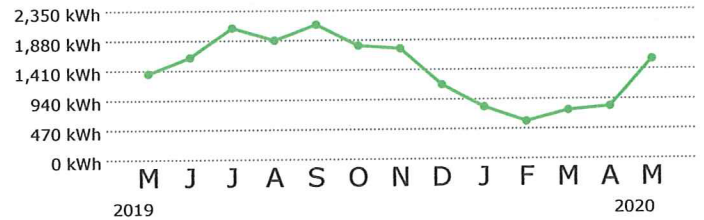
**Meter Summary**

Meter reading - Meter AED7256 Next meter reading Jun 1, 2020	21557
Current reading	21557
Previous reading	-19992
<b>kWh used</b>	<b>1565</b>

**Energy Usage Comparison**

	This Month	Last Month	Last Year
Service to	May 1, 2020	Apr 1, 2020	May 1, 2019
kWh Used	1565	821	1362
Service days	30	30	30
kWh/day	52	27	45
Amount	\$140.16	\$90.60	\$157.28

**Energy Usage History**



**Keep In Mind**

- Payments received after May 22, 2020 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after May 12, 2020. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.
- Your bill includes a rate adjustment to reflect four new solar power plants entering service, as well as a one-time fuel credit for \$35.19. Learn more at [FPL.com/Rates](http://FPL.com/Rates).

**May bill credit**

Your May bill includes a one-time fuel credit that we fast-tracked to help you during the COVID-19 crisis.  
[Where to find it](#)

**Save money with the Energy Analyzer**

Our free online tool helps you better understand your energy use with a breakdown of your costs.  
[Start saving](#)

**We're here to help**

If you're experiencing hardship as a result of the coronavirus (COVID-19) and need help with your bill, there are resources available.  
[Learn more](#)

**Useful Links**

- [Billing and service details](#)
- [Energy News](#)
- [View back of the bill](#)

**Important Numbers**

Customer Service:	(305) 442-8770
Outside Florida:	1-800-226-3545
To report power outages:	1-800-4OUTAGE (468-8243)
Hearing/speech impaired:	711 (Relay Service)

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2019**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Melnick Laurie

MAILING ADDRESS :

2114 Fisher Island Drive

CITY :

Miami

ZIP :

33109

COUNTY :

Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council #16/161-B

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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 ELECTIONS DEPARTMENT

**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Eastern Shores Printing Co.	4476 NW 128th street Opa-Locka fl 33054	offset printer

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

4476 NW 128th street Opa-Locka FL 33054

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
none	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
Eastern Shores Printing Co		
ADDRESS OF BUSINESS ENTITY	4476 NW 128th st Opa-Locka	FL 33054
PRINCIPAL BUSINESS ACTIVITY	offset printing	
POSITION HELD WITH ENTITY	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	
NATURE OF MY OWNERSHIP INTEREST	50%	

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**PART G — TRAINING**

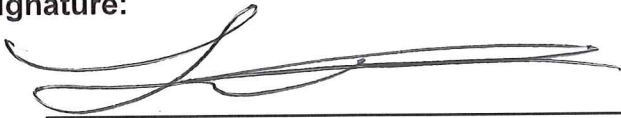
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

5/28/20

**CPA or ATTORNEY SIGNATURE ONLY**

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 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

