FORM 1		STATE	EMENT OF		2019
Please print or type your name, mailf address, agency name, and position	ng below:		L INTEREST	S	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME I	MIDDLE	NAME :			ELEC MI
Melnick Laurie					OD.
MAILING ADDRESS :					TION OF
2114 Fisher Island Drive					
					PRO R
CITY:		ZIP: COUNTY	y ·		AM 10: 56
/liami	3	33109 Dade			型 5
NAME OF AGENCY:					4
	cicl	T. COMMON	1		
NAME OF OFFICE OR POSITIO		OR SOUGHT:	().		
ommunity Counsil #16/1			9		
CHECK ONLY IF CANDIDA	TE C	DR NEW EMPLOYEE	OR APPOINTEE		
	***	* THIS SECTION MI	IST DE COMPLETE	*F3 +++++	
DISCLOSURE PERIOD:		* THIS SECTION MU			
HIS STATEMENT REFLECTS	YOUR	R FINANCIAL INTERESTS	FOR CALENDAR YEAR EN	NDING D	ECEMBER 31, 2019.
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		CENTAGE) THRESHOLDS			UE THRESHOLDS
RT A PRIMARY SOURCES Of (If you have nothing to	F INCOI report.	WE [Major sources of income to write "none" or "n/a")	o the reporting person - See ins	tructions]	
NAME OF SOURCE			N. In a rue		
OF INCOME			DURCE'S DDRESS	J D	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
stern Shores Printing Co.		4476 NW 128th street Opa-Locka fl 33054			
				o xioot j	VIIIIOI
RT B - SECONDARY SOURCES	S OF IN	COME			
[Major customers, clients (If you have nothing to	, and off	her sources of income to busine	sses owned by the reporting pe	rson - See	instructions]
NAME OF	report,	write none or "n/a")			
BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	7		31 3 3 1 1 2		ACTIVITY OF SOURCE
RT C REAL PROPERTY [Land, (If you have nothing to re	building port, wi	s owned by the reporting person ite "none" or "n/a")	n - See instructions]	lines or	not limited to the space on the nithis form. Attach additional if necessary.
6 NW 128th street Opa-L	ocka	FI 33054			INSTRUCTIONS for when
	ooka .			and wh	ere to file this form are
					ICTIONS on who must file
				this for	m and how to fill it out

PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, write ' TYPE OF INTANGIBLE	'none" or "n/a")			TV 051 1755	
none		BOSINESS ENTITY TO	O WHICH THE PROPER	RTY RELATES	
				<u> </u>	3
				四季	20
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "It	tions] noпe" or "n/a")			금폭	E
NAME OF CREDITOR	1	ADD	ESS OF CREDITOR	AS DA	2
		AODR	233 OF CREDITOR		
N/A				PARCE	HIL
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PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "no	S [Ownership or p	ositions in certain types of b	usinesses - See instruct	tions] Z	0
	, BU	SINESS ENTITY # 1	BUSINE	ESS ENTITY # 2	
NAME OF BUSINESS ENTITY	2050	n Shores Prin		vit.	
ADDRESS OF BUSINESS ENTITY		28th st Opa-Locka	FL 33054		
PRINCIPAL BUSINESS ACTIVITY	offset printi	ng			
ONAL MODE THAN A FOLK INTERPORT IN THE	President				
OWN MORE THAN A 5% INTEREST IN THE BUSINES					
ATURE OF MY OWNERSHIP INTEREST	50%				
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