FORM 6 FULL AND	PUBLIC DISCLOS	URE	2021
Please print or type your name, mailing address, agency name, and position below:	NCIAL INTEREST	S FOR OF	FICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:  Barley-Mayd Monique Nicole  MAILING ADDRESS:  8343 NW 5th Ct  CITY:  ZIP:	county: Marmi Dade	MIANI-DADE COUNTY ELECTIONS DEPARTMENT	RECEIVED 2022 JUN 13 PM 4: 34
DA	RT A NET WORTH		
Please enter the value of your net worth as of Decculated by subtracting your reported liabilities from	ember 31, 2021 or a more curre	e see the instructions	
	PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a following, if not held for investment purposes: jewelry; colle furnishings; clothing; other household items; and vehicles for The aggregate value of my household goods and personal effects individually valued at over \$1,000:  DESCRIPTION OF ASSET (specific descriptions)	lump sum if their aggregate value ex ctions of stamps, guns, and numisma personal use, whether owned or lease fects (described above) is	tic items; art objects; houd.	ory includes any of the usehold equipment and
Sux	tion is required - see mondonous pr	-4	3000
30 ¥			7000
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		N M N N N	
PA LIABILITIES IN EXCESS OF \$1,000 (See instructions on pag NAME AND ADDRESS OF CREDITOR	RT C LIABILITIES e 4):		AMOUNT OF LIABILITY
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JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE NAME AND ADDRESS OF CREDITOR	:	1.4	AMOUNT OF LIABILITY
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	and the second s		

: 347 3166 70 W	ART D INCOME	0 11 1					
Identify each separate source and amount of income which exceede copy of your 2021 federal income tax return, including all W2s, school attaching your returns, as the law requires these documents be pos	nedules, and attachments. Please redact any socia	urces of income. Or attach a complete al security or account numbers before					
I elect to file a copy of my 2021 federal income tax return ar [If you check this box and attach a copy of your 2020 tax re	and all W2's, schedules, and attachments. ∋turn, you need not complete the remainder of Pal	rt D.]					
PRIMARY SOURCES OF INCOME (See instructions on page 5):		I MOUNT					
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT					
Seif Employed no	143-40 72hC)	1,500					
. , ,							
SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting personsee instructions on page 5]:							
NAME OF NAME OF MAJOR SOU BUSINESS ENTITY OF BUSINESS' INCO	OME OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
Second StartConsulting	8343 NW 1+35150	GON 2017 SMORES					
)							
PART E INTERESTS IN SPI	ECIFIED BUSINESSES [Instructions on p	page 6]					
BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3					
NAME OF SECOND STATE BUSINESS ENTITY CONJUITANT	second start	2022 2022					
ADDRESS OF 8343 W W 5 th Ct	, 9343 NW SINCT						
BUSINESS ENTITY MICHAEL STATE OF THE STATE O	HCU CONSUMERS						
POSITION HELD CES	when with their Privonal Credy	(1)(1)					
WITH ENTITY  LOWN MORE THAN A 5%							
INTEREST IN THE BUSINESS (C)	4 e T						
OWNERSHIP INTEREST 50 70	50%	型子 坐					
OWNEROUS JOTA		The second secon					
PA	ART F - TRAINING						
PA This section applies only to officers required to complete ar	ART F - TRAINING  nnual ethics training pursuant to section 112.	.3142, F.S. [See instructions p. 6]					
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PA This section applies only to officers required to complete ar	ART F - TRAINING Innual ethics training pursuant to section 112.  E COMPLETED THE REQUIRED T  STATE OF FLORIDA	.3142, F.S. [See instructions p. 6]					
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MIAMI-DADE	)
COUNTY	-

## OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

No.7900424

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