

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Melendez - Julius - Anthony

MAILING ADDRESS:

1008 Hermosa Way

CITY:

Kissimmee

ZIP:

FL 34744

COUNTY:

OSCEOLA

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Osceola School Board, District 2

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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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 8, 20 20 was \$ 94,736.

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 \$ 20,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence - 1008 Hermosa Way, Kissimmee, FL 34744	290,000
office - 1203 Florida Avenue, St Cloud, FL 34769	150,000
2013 Kia Sorento	6,500
CASH - Melentree Realty, LLC & Melentree Advertising, LLC	8,700

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital Mortgage of Texas - 1008 Hermosa Way, Kissimmee, FL 34744	182,000
Reeder Family Revocable Living Trust - 1203 Florida Ave, St Cloud, FL 34769	126,301
Nelnet Student Loans - PO Box 82561 Lincoln, NE 68501-2561	72,163

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
PO Box 6338 Lubbock, TX 79493-6338	
3315 Meridian Rd, Okemos, MI 48864	

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
Melentree Realty, LLC	1203 Florida Ave, St Cloud, FL 34769	Avg. \$3500.00/mo \$42,000/yr

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
Melentree Realty, LLC			
Melentree Advertising, LLC	Web Design / AM		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Melentree Realty, LLC	Melentree Advertising, LLC	
ADDRESS OF BUSINESS ENTITY	1203 Florida Ave, St Cloud, FL 34769	1203 Florida Ave, St Cloud, FL 34769	
PRINCIPAL BUSINESS ACTIVITY	Real Estate	Advertising Agency	
POSITION HELD WITH ENTITY	Owner	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%	
NATURE OF MY OWNERSHIP INTEREST	LLC sole member	LLC sole member	

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

Osceola

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 10 day of

June

20

by Julius Melendez

Catherine

(Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print Name of Notary Public)

MY COMMISSION # GG 093903

EXPIRES: April 2, 2021

Bonded Thru Notary Public Underwriters

Type of Identification Produced

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 ☐