

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2017 SEP -7 AM 10:44

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, ADRIAN GONZALEZ
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach City Commissioner, N/A
(office) (district #)
N/A, 3; I am a qualified elector of Miami-DADE County, Florida;
(circuit #) (group or seat #)

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 5000 LAKEVIEW DRIVE MB, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida 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.

[Signature] 786-600-5655 ADRIAN@CLAUDS.CAFE.COM
X Signature of Candidate Telephone Number Email Address

5000 LAKEVIEW Drive MB FL 33140
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109421101

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

aid-nee-un john-zahleh

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017.

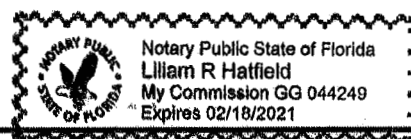
Personally Known: ✓ or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

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2017 SEP -7 AM 10:43

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Adrian Gonzalez

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach City Commissioner, N/A,
(office) (district #)

N/A, 3; I am a qualified elector of Miami-Dade County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida 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.

X



(786) 600.5655

adrian@davidscafe.com

Signature of Candidate

Telephone Number

Email Address

5000 Lakeview Drive

Miami Beach

FL

33140

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109421101

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

aid-rEE-un gohn-zAAlehZ

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017.

Personally Known: ☒ or

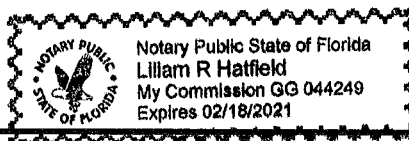
Produced Identification: _____

Type of Identification Produced: _____



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



MIAMI BEACH

RECEIVED

2017 SEP -7 AM 10:44

CITY OF MIAMI BEACH OATH/AFFIRMATION

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

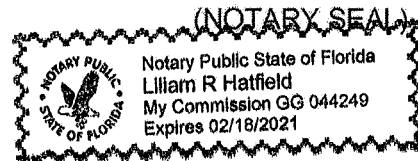
Before me, an officer authorized to administer oaths, personally appeared ADRIAN GONZALEZ to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. 3) or Mayor for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: CITY OF MIAMI BEACH, 5000 LAKEVIEW DRIVE MB, FL 33140 Miami Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such office; and that he/she has paid the required qualification fee or filed with the City Clerk a petition approving his/her candidacy signed by sufficient qualified and registered voters to constitute not less than two percent (2%) of this number of such voters as the same shall be on the date sixty (60) days prior to the first day of qualifying as a candidate for office.

[Signature]
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 7 day of September, 2017
by Adrian Gonzalez.

[Signature]
Signature of Notary Public-State of Florida

Lillian R. Hatfield
Name of Notary Typed, Printed or Stamped



Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2016

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

FOR OFFICE USE ONLY:

RECEIVED

2017 SEP -7 AM 10:44

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Gonzalez Adrian

MAILING ADDRESS :

5000 LakeView Drive

CITY :

Miami Beach

ZIP :

33140

COUNTY :

Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Beach Commissioner Group 3

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

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2016 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

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
David's Cafe Cafecito	919 Alton Road, MB FL 33139	Cuban Restaurant

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")

5000 LakeView Drive, MB FL 33140

1401 Bay Road, #112 MB FL 33139

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
Bonds	FMS Bonds
Checking / Chase	Chase Bank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America	1414 ALLEN ROAD, MB, 33135
CITY BANK	1685 WASHINGTON, MB, 33135

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")

BUSINESS ENTITY # 1		BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	AG Ventures & Productions	
ADDRESS OF BUSINESS ENTITY	1521 Allen Road, MB, 33135	
PRINCIPAL BUSINESS ACTIVITY	Productions	
POSITION HELD WITH ENTITY	Owner / President / Dir	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100% OWNER	

PART G — TRAINING

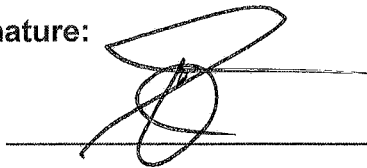
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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: _____

8/7/17

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:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).

NOTE:

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.

Facsimiles will not be accepted.

WHERE TO FILE:

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.

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.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

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, 2016.

Part D

Life term Policy

North American Company

Part E

NVW

2114 N. Flamingo Road

Suite # 183

Pembroke Pines, FL 33028

Next Wave Funding

5757 Buke Lagoon Drive

Suite 170 Miami FL 33126

Ford Finance

P.O. Box 542000

Omaha, NE 68154

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: Gonzalez- Adrian			NAME OF AGENCY: City of Miami Beach	
MAILING ADDRESS: 5000 LakeView Drive			OFFICE OR POSITION HELD: Carnival Committee Group 3	
CITY: MB	ZIP: 33140	COUNTY: Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR 2017	

PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
May 13, 2017	Miami Dade Gay & Lesbian Cham of Commerce Gals	400.00	UCA	1701 Meridian Ave Suite 408, MB FL 33139
June 3, 2017	Miami Beach Chamber of Commerce Gals Tickets	650.00	UCA	1701 Meridian Ave Suite 408, MB FL 33139

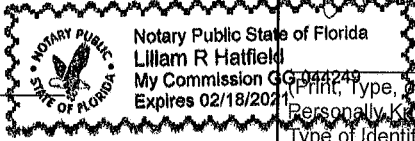
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — 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 herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.		STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me this <u>7</u> day of <u>September</u> , 20 <u>17</u> by <u>Adrian Gonzalez</u> <u>[Signature]</u> (Signature of Notary Public-State of Florida)	
SIGNATURE OF REPORTING OFFICIAL <u>[Signature]</u>		My Commission Expires <u>02/18/2020</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced _____	

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

THE FACE OF THIS DOCUMENT HAS MICROPRINTING. DO NOT CASH IF MISSING. THE BACK OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

NAME ADRIAN GONZALEZ CAMPANE No. 376705

ACCOUNT NO. _____ DATE Sept. 7, 17 63-964
670

PAY TO THE ORDER OF City of Miami Beach AMOUNT
Nine hundred 00/100 \$ 900.00 DOLLARS

FOR Qualifying Fee Municipal Sabadell United Bank

AUTHORIZED SIGNATURE

RECEIVED
SEP 7 AM 10:44
OFFICE OF THE CITY CLERK
MIAMI BEACH

THE FACE OF THIS DOCUMENT HAS MICROPRINTING. DO NOT CASH IF MISSING. THE BACK OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

NAME ADRIAN GONZALEZ CAMPANE No. 376706

ACCOUNT NO. _____ DATE Sept. 7, 17 63-964
670

PAY TO THE ORDER OF City of Miami Beach AMOUNT
One hundred & twenty 00/100 \$ 120.00 DOLLARS

FOR State Assessment Fee's Sabadell United Bank

AUTHORIZED SIGNATURE

Miscellaneous Cash Receipt
CITY OF MIAMI BEACH

No. 417901

☐ Cash

☐ Credit Card

☒ Check #

376706
376705

\$ 1,020.00

September 7, 2017

MBF

Miscellaneous Expense (MCREXP)

001713 Address 09/07/2017 10:20AM

MOR Expense (MCREXP)

Payment Amount

MCR417901

Received of Adrian Gonzalez

Address

For

Qualifying Fee

(THIS INFORMATION MUST BE COMPLETED)

Office of Finance Director

By

Account Number:

Preparer:

Isabel Satchell

Dept:

City Clerk

EXT:

7411

RECEIVED
2017 SEP - 7 AM 10:44
CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

RECEIVED

2017 SEP -7 AM 10:44

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

MBF

City Hall

1700 Convention Center Dr.
Miami Beach, FL 33139

305-673-7420

Welcome

001713-0015 Adrian V 09/07/2017 10:20AM

MISCELLANEOUS

Description: MCR Expense
(MCREXP)

Reference 1: MCR417901

MCR Expense (MCREXP)

2017 Item: MCREXP

1 @ 1,020.00

MCR Expense (MCREXP) 1,020.00

1,020.00

Subtotal 1,020.00

Total 1,020.00

CHECK 900.00

Check Number 376705

CHECK 120.00

Check Number 376706

Change due 0.00

Paid by: ADRIAN GONZALEZ



MBF		NO. 376705
CITY OF MIAMI BEACH		DATE: Sept-7, 17
ACCOUNT NO.		AMOUNT
TO THE		\$ 900.00
FROM: City of Miami Beach		
Check Number 376705		
FOR: ADRIAN GONZALEZ		

MBF		NO. 376706
CITY OF MIAMI BEACH		DATE: Sept-7, 17
ACCOUNT NO.		AMOUNT
TO THE		\$ 120.00
FROM: City of Miami Beach		
Check Number 376706		
FOR: ADRIAN GONZALEZ		

Thank you for your payment

CUSTOMER COPY