

CANDIDATE OATH -  
NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)

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2017 SEP -5 PM 12: 12

CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, Dan Gelber

(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 Mayor of Miami Beach N/A  
(office) (district #)  
N/A, N/A; 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: 5445 LaGorce Dr, 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] 305-345-7879 dan@dangelber.com  
X Signature of Candidate Telephone Number Email Address

5445 LaGorce Dr Miami Beach FL 33140  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109126915

\* 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):  
Dan Gelber

STATE OF FLORIDA  
COUNTY OF Miami-Dade

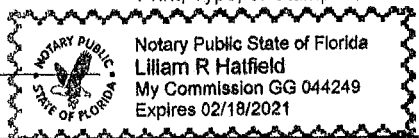
Sworn to (or affirmed) and subscribed before me this 5 day of September, 2017.

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

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

OFFICE USE ONLY


OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, Dan Gelber  
(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 Mayor of Miami Beach, N/A,  
(office) (district #)

N/A, Mayor; 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**  (305) 345-7879 dan@dangelber.com  
Signature of Candidate Telephone Number Email Address

5445 LaGorce Drive Miami Beach Florida 33140  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109126915

\* 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):

DAN GELBUHR

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 5 day of September, 2017.

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



  
Signature of Notary Public

Produced Identification:

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FIDL G416-177.60.426.0

RECEIVED

2017 SEP -5 AM 8:55

# MIAMI BEACH

## CITY OF MIAMI BEACH OATH/AFFIRMATION OFFICE OF THE CITY CLERK

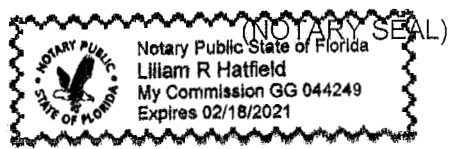
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Dan Gelber to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. \_\_\_\_\_) 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: 5445 La Gorce Drive Miami Beach 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 5 day of September, 2017 by Dan Gelber.

[Signature]  
Signature of Notary Public, State of Florida



Lillian R Hatfield  
Name of Notary Typed, Printed or Stamped

Personally Known \_\_\_\_\_ OR Produced Identification  FDL 6416-177-60-426-0

Type of Identification Produced Florida Drivers License

FINANCIAL INTERESTS RECEIVED FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Gelber Daniel Saul

MAILING ADDRESS :
5445 LaGorce Drive

CITY : Miami Beach, FL ZIP : 33140 COUNTY : Miami-Dade

NAME OF AGENCY :
City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Mayor

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

CHECK ONLY IF [X] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

2017 SEP -5 AM 8:55
CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

\*\*\*\* 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):

[X] 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 [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: Gelber Schachter Greenberg P.A., 1221 Brickell Ave Ste 2010 Miami, FL 33131, Practice of Law.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

Table with 1 column: REAL PROPERTY. Row 1: N/A.

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
401(k), 529 College, Brokerage Accts	Morgan Stanley
Checking and Savings Accts	Citibank

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
New York Community Bank	NYCB, POB 742579 Cincinatti, Ohio
Chase	Chase, POB 182613, Columbus Ohio

**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	2
N/A		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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:

9-5-17

**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.

Type of Intangible	Business Entity
Prepaid College Accounts	Florida Prepaid College Board
Federal Thrift Savings Plan	P.O. Box 385021 Birmingham, AL

**RECEIVED**

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

**Form 9**

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

**RECEIVED**

LAST NAME -- FIRST NAME -- MIDDLE NAME: <b>Gelber Daniel Saul</b>			NAME OF AGENCY: <b>City of Miami Beach</b>	
MAILING ADDRESS: <b>5445 LaGorce Drive</b>			OFFICE OR POSITION HELD: <b>Mayor</b>	
CITY: <b>Miami Beach</b>	ZIP: <b>33140</b>	COUNTY: <b>Miami-Dade</b>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <b>2017</b>	

**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
None				

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>5</u> day of <u>September</u> , 20 <u>17</u> by <u>Dan Gelber</u>
	(Signature of Notary Public - State of Florida) <u>Lillian R Hatfield</u> Notary Public State of Florida My Commission # <u>0044249</u> (Print, Type, or Stamp Commission Number, Name of Notary Public) Personally Known <input type="checkbox"/> or <input type="checkbox"/> OR Produced Identification Type of Identification Produced <u>FDL 646.177.60.426.0</u>

SIGNATURE OF REPORTING OFFICIAL: [Signature]

**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.)

DAN GELBER ELECTION COMMITTEE  
CAMPAIGN ACCOUNT

2929 SW 3RD AVE STE 220  
MIAMI, FL 33129-2751

1171

63-4/630 FL  
24192

DATE 9/1/2017

PAY  
TO THE  
ORDER OF

City of Miami Beach

\$ 160.00

One hundred sixty only

DOLLARS

Bank of America

ACH R/T 063100277

FOR State Election Assessment fee

*[Signature]*

Photo-Safe Deposit  
Details on back

MP

Miscellaneous Cash Receipt  
CITY OF MIAMI BEACH

No. 416986

Cash  Credit Card  Check # 1171

\$ 160.00

Received of

Qualifying fee for Dan Gelber for Mayor

Address

2929 SW 3rd Ave Ste 220

For

Dan Gelber for Mayor Qualifying fee

(THIS INFORMATION MUST BE COMPLETED)

Office of Finance Director

By

Account Number:

Preparer:

*[Signature]*

Dept:

City Clerk

EXT:

6592



MBF  
City Hall  
1700 Convention Center Dr.  
Miami Beach, FL 33139  
305-673-7420  
Welcome

001704-0009 Adrian V 09/05/2017 08:59AM

MISCELLANEOUS

Description: MCR OPEN  
(MCR)

Reference 1: MCR416986

MCR OPEN (MCR)

2017 Item: MCR

1 @ 160.00

MCR OPEN (MCR) 160.00

-----  
160.00

Subtotal 160.00

Total 160.00

CHECK 160.00

Check Number 001171

-----  
Change due 0.00

Paid by: DAN GELBER ELECTION COMMITTEE



DAN GELBER ELECTION COMMITTEE		1171
CITY OF MIAMI BEACH		MIAMI
DATE: 09/05/2017		
City of Miami Beach		\$ 160.00
Dana Gelber Election Committee		
for State Election Assessment Fee		

Thank you for your payment

CUSTOMER COPY