

CANDIDATE OATH -  
NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)

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2017 SEP 14 PM 12:52

CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, Kenneth R. Bereski II

(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: 1525 Pennsylvania Ave #12, 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.

Kenneth R Bereski II  
 Signature of Candidate

786.505.4536  
Telephone Number

KenB@voteBereski.com  
Email Address

1525 Pennsylvania Ave #12  
Address City

Miami Beach FL  
City State

33139  
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 116429988

\* 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):

k-EH-nith BUHR-es-kee

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14 day of September, 20 17.

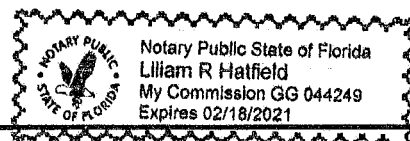
Personally Known:  or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: DL B620.576.80.298.0

Lillian R Hatfield  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



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OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Kenneth R. Bereski II

(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 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 Kenneth R. Bereski II

Signature of Candidate

(786) 505.4536

Telephone Number

kenB@voteBereski.com

Email Address

1525 Pennsylvania Ave #12

Address

Miami Beach

City

FL

State

33139

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 116429988

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K-EH-nihth B UHR-es-kee

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 14 day of September, 2017.

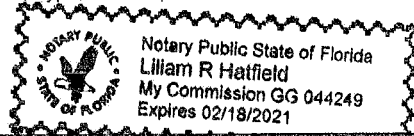
Personally Known: \_\_\_\_\_ or

Produced Identification:  \_\_\_\_\_

Type of Identification Produced: DL B620.516.80.298.0

Lillian R Hatfield  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



# MIAMI BEACH

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

## CITY OF MIAMI BEACH OATH/AFFIRMATION

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Kenneth R. Bereski II to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. n/a) 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: 1525 Pennsylvania Ave #12, Miami Beach, FL 33139, 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.

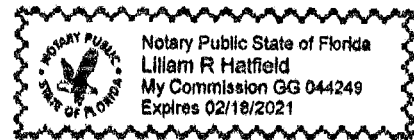
Kenneth R. Bereski II  
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 14 day of September, 2017 by Kenneth R. Bereski II.

Lillian R. Hatfield  
Signature of Notary Public-State of Florida

(NOTARY SEAL)

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



Personally Known \_\_\_\_\_ OR Produced Identification /

Type of Identification Produced DL B620.576.80.295.0

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

FOR OFFICE USE ONLY:

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Bereski II Kenneth R

MAILING ADDRESS :

1525 Pennsylvania Ave #12

Miami Beach 33139 Miami Dade

CITY : ZIP : COUNTY :

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  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
AAPL	1 Infinite Loop, Cupertino, CA	computers/electronics
n/a	-	-

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")

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
stock	AAPL - Apple Inc
n/a	-

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

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	n/a	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

<p><b><u>SIGNATURE OF FILER:</u></b></p> <p>Signature:</p> <p><u>Kenneth A. Berubini II</u></p> <p>Date Signed:</p> <p><u>9/14/17</u></p>	<p><b><u>CPA or ATTORNEY SIGNATURE ONLY</u></b></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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**FILING INSTRUCTIONS:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b><u>Facsimiles will not be accepted.</u></b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> 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.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.</p> <p><b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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# Form 9

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

LAST NAME -- FIRST NAME -- MIDDLE NAME: <i>Bereski II Kenneth R</i>			NAME OF AGENCY: <i>City of Miami Beach</i>	
MAILING ADDRESS: <i>1525 Pennsylvania Ave #12</i>			OFFICE OR POSITION HELD: <i>candidate - office of Mayor</i>	
CITY: <i>Miami Beach</i>	ZIP: <i>33139</i>	COUNTY: <i>Miami-Dade</i>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
				YEAR <i>2017</i>

### 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
<i>n/a</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

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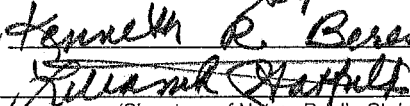
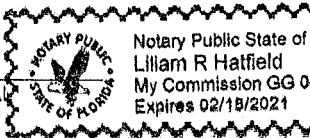
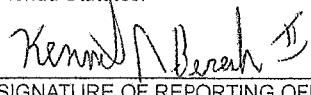
CHECK HERE IF CONTINUED ON SEPARATE SHEET

### 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 <i>Miami-Dade</i> Sworn to (or affirmed) and subscribed before me this <i>14</i> day of <i>September</i> , 20 <i>17</i> by <i>Kenneth R. Bereski II</i>  (Signature of Notary Public-State of Florida)
	 Notary Public State of Florida Lilliam R Hatfield My Commission GG 04249 Expires 02/19/2021 (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known _____ OR Produced Identification Type of Identification Produced <i>DL B620.576.80.298.0</i>
SIGNATURE OF REPORTING OFFICIAL 	

### 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.)

**AFFIDAVIT OF FINANCIAL HARDSHIP**

(Section 99.093(2), Florida Statutes)

I, Kenneth R. Bereski II, a candidate for the office of Mayor of Miami Beach, do hereby certify, pursuant

to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of \$ 160.00 to qualify for nomination or election to public office because paying the assessment would be an undue burden on my personal financial resources or on the financial resources available to me. Under penalty of perjury, I declare that I have read the foregoing and that it is a true and correct statement.

9/14/17  
Date

Kenneth R. Bereski II  
Signature of Candidate

Address: 1525 Pennsylvania Ave # 12

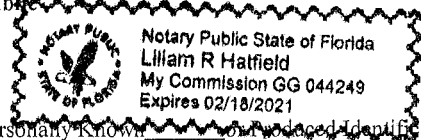
City: Miami Beach State: FL Zip: 33139

Sworn to (or affirmed) and subscribed before me this 14 day of September, 20 17 by Kenneth R. Bereski II

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Lillian R Hatfield  
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known  Produced Identification

Type of Identification Produced RB20.576.80.298.0

Received by:

Name: Lillian R Hatfield  
City: Miami Beach

Telephone: 305.673.7411  
Date of Election: 11.7.17

Remit within 30 days of close of qualifying to:  
Florida Elections Commission  
107 West Gaines Street, Suite 224  
Tallahassee, Florida 32399  
Telephone: 850.922.4539 Fax: 850.921.0783

Kenneth R. Borecki II for Mayor of Miami Beach  
1525 Pennsylvania Ave  
Unit 12  
Miami Beach, FL 33139

G T E FEDERAL CREDIT UNION

5001

DATE Sep 10, 2017

VOID AFTER 60 DAYS

PAY TO THE ORDER OF City of Miami Beach

\$ 1,200.00

One thousand, two hundred and 00/100

DOLLARS

City Qualifying Fee

*Kenneth R. Borecki II*  
AUTHORIZED SIGNATURE

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