

**CANDIDATE OATH -
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

RECEIVED

2017 SEP -6 AM 9:24

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, MICKY STEINBERG

(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 COMMISSIONER, N/A,
(office) (district #)
N/A, 1; 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: 900 Bay Dr. # 504, MB FL 33141, 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.

Micky
 Signature of Candidate Telephone Number 786-471-4304 Email Address MICKY@PALMPROP.COM

900 BAY DR #504 MIAMI BEACH FL 33141
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110231575

* 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):

MIK-ee STEIN-buhrq

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

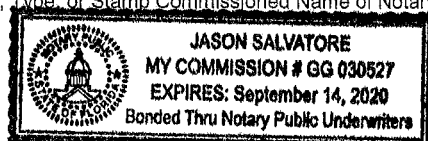
Sworn to (or affirmed) and subscribed before me this 6 day of SEPTEMBER, 2017.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: PERSONALLY KNOWN

Jason Salvatore
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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NONPARTISAN OFFICE**

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CITY OF MIAMI BEACH
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OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Micky Steinberg
(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 Commissioner, N/A,
(office) (district #)
N/A, 1; 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

Signature of Candidate

(786)471-4304

Telephone Number

micky@palmprop.com

Email Address

900 Bay Drive #504
Address

Miami Beach
City

Florida
State

33141
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110231575

* 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):

MIK-ee STEIN-buhrg

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 6 day of SEPTEMBER, 2017.

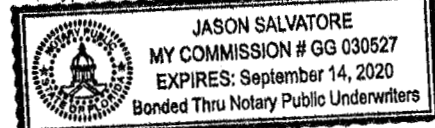
Personally Known: or

Produced Identification: _____

Type of Identification Produced: PERSONALLY KNOWN

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



MIAMI BEACH

CITY OF MIAMI BEACH OATH/AFFIRMATION

RECEIVED

2017 SEP -6 AM 9:24

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 MICKY STEINBERG to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. 1) 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: 900 Bay Dr #504, MB, FL 33141, 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.

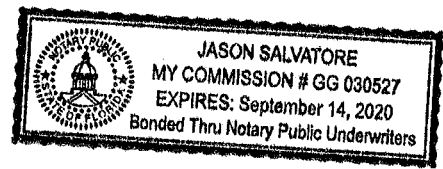
[Signature]
Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 6 day of SEPTEMBER, 2017, by MICKY STEINBERG.

[Signature]
Signature of Notary Public-State of Florida

JASON SALVATORE
Name of Notary Typed, Printed or Stamped

(NOTARY SEAL)



Personally Known OR Produced Identification

Type of Identification Produced PERSONALLY KNOWN

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Steinberg, Micky

MAILING ADDRESS :
900 Bay Drive #504

CITY : ZIP : COUNTY :
Miami Beach 33141 Miami-Dade

NAME OF AGENCY :
City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Commissioner

RECEIVED
 2017 SEP -6 AM 9:24
 CITY OF MIAMI BEACH
 OFFICE OF THE CITY CLERK

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
Palm Properties of South FL, Inc	767 Arthur Godfrey Road, MB, FL 33140	Real Estate Company
City of Miami Beach	1700 Convention Center Dr., MB, FL 33139	Municipality

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")

900 Bay Drive #504, Miami Beach, FL 33141

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
SEP-IRA	Charles Schwab
Bank Accounts	Bank of America

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase (Home Mortgage)	P.O. Box 78420, Phoenix, AZ 85062-8420

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

SIGNATURE OF FILER:

Signature: _____
[Handwritten Signature]

Date Signed: _____
9-6-2017

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:

<p>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.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p>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.</p> <p><u>Facsimiles will not be accepted.</u></p>	<p>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.</p> <p>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.)</p> <p>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.</p> <p>Candidates 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>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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.</p>
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Form 9**QUARTERLY GIFT DISCLOSURE
(GIFTS OVER \$100)****RECEIVED**

LAST NAME -- FIRST NAME -- MIDDLE NAME: Steinberg, Micky			NAME OF AGENCY: City of Miami		RECEIVED - 6 AM 9:32	
MAILING ADDRESS: 900 Bay Drive #504			OFFICE OR POSITION HELD: Commissioner CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK			
CITY: Miami Beach	ZIP: 33141	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE):			YEAR 2017
			<input type="checkbox"/> MARCH			<input checked="" type="checkbox"/> JUNE
			<input type="checkbox"/> SEPTEMBER			<input type="checkbox"/> DECEMBER

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
03/01/17	Winter Party VIP. Cocktail Reception	\$100 -	NATIONAL LGSTA TASK FORCE	801 Arthur Godfrey Rd Suite 402 Miami Beach, FL 33140

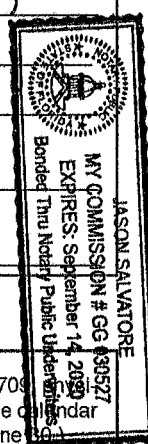
 CHECK HERE IF CONTINUED ON SEPARATE SHEET
PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

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>6</u> day of <u>SEPTEMBER</u> , 20 <u>17</u>
	by <u>MICKY STEINBERG</u> (Signature of Notary Public-State of Florida) <u>JASON SALVATORE</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced <u>PERSONALLY KNOWN</u>

SIGNATURE OF REPORTING OFFICIAL: Micky Steinberg

**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. 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).

RECEIVED

2017 SEP -6 AM 10: 33

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

001709-0026 Adrian V 09/06/2017 10:30AM

MISCELLANEOUS

Description: MCR Expense (MCREXP)

Reference 1: MCR416999

MCR Expense (MCREXP)

2017 Item: MCREXP

1 @ 1,020.00

MCR Expense (MCREXP) 1,020.00

1,020.00

Subtotal 1,020.00

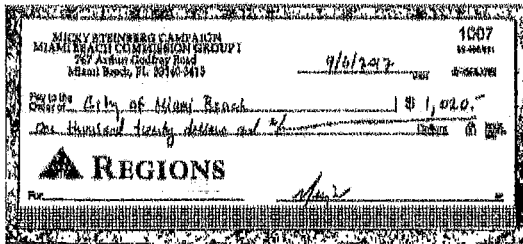
Total 1,020.00

CHECK 1,020.00

Check Number 01007

Change due 0.00

Paid by: MICKY STEINBERG CAMPAIGN



Thank you for your payment

CUSTOMER COPY

Miscellaneous Cash Receipt
CITY OF MIAMI BEACH

Cash Credit Card

Check # 1007

\$ 1,020.00

09/06 2017

MICKY STEINBERG 2017 CAMPAIGN

MBF
Miscellaneous Cash Receipt
001709-0026 Adrian V
MCR Expense (MCREXP)
Payment amount \$1,020.00
MCR416999

(THIS INFORMATION MUST BE COMPLETED)

Account Number: 011 9522 000318-90-400 592.00 00 00 00-

Preparer: ASAN SANCHEZ Dept: CC EXT: 7411

Office of Finance Director

No. 416999