

CANDIDATE OATH –  
NONPARTISAN OFFICE

(Not for use by Judicial or  
School Board Candidates)

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2017 SEP -6 AM 10:14

CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, **Michael "Mike" Grieco**

(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 **Commissioner**, **N/A**,  
(office) (district #)  
**N/A**, **2**; 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: \*\*Protected pursuant to Florida Statutes\*\*, 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.

MIKE @ MIKE -  
GRIECO.  
COM

**X** [Signature] **305 957 0034** [Email]  
Signature of Candidate Telephone Number Email Address

**\* PROTECTED RV** **MIAMI BEACH FL 33139**  
Address City State ZIP Code

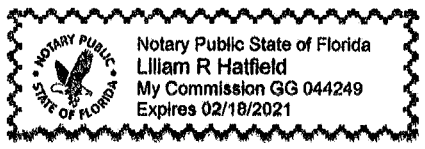
Candidate's Florida Voter Registration Number (located on your voter information card): **120128371**

\* 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-eI "MIK" GREE-KO**

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: \_\_\_\_\_



[Signature]  
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, Michael "Mike" Grieco

(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 Commissioner, N/A,  
(office) (district #)

N/A, 2; 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] (305) 857.0034 mike@mike-grieco.com  
Signature of Candidate Telephone Number Email Address

\*\*Protected\*\* Miami Beach FL 33139  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 120128371

\* 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-el "MIK" GREE-KO

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: \_\_\_\_\_

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



# MIAMI BEACH

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2017 SEP -6 AM 10: 14

## CITY OF MIAMI BEACH OATH/AFFIRMATION

CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

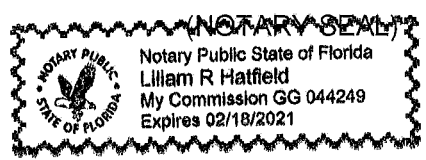
Before me, an officer authorized to administer oaths, personally appeared Michael Grieco to me well known who, being sworn, says that he/she is a candidate for the office of City Commissioner (Group No. 2) or Mayor for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: PROTECTED PURSUANT TO STATE LAW. MIAMI BEACH FL 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 Michael Grieco.

[Signature]  
Signature of Notary Public-State of Florida

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



Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

# FORM 1X AMENDMENT TO STATEMENT OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME  
(Same as on original Form 1):  
Grieco, Michael

---

MAILING ADDRESS:  
1700 Convention Center Drive, 4th Floor

---

(Home Address protected under Florida law)

---

CITY: ZIP: COUNTY:  
Miami Beach 33139 Miami-Dade

◆ THIS FORM AMENDS THE (Choose one)

FORM 1 I FILED FOR THE YEAR: 2016  
(Use a separate Form 1X for each Form 1 you are amending.)

FORM 1F I FILED FOR THE PERIOD  
January 1, \_\_\_\_\_ THROUGH \_\_\_\_\_  
(Must be between January 1 of the last year in which you held public office or employment and the last date you held that office or employment.)

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: Miami Beach City Commission, Group 2

◆ WITH THIS GOVERNMENTAL AGENCY: \_\_\_\_\_

**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
Michael C. Grieco, PA	175 SW 7th St., #2410, Miami FL 33130	Law Firm
City of Miami Beach	1700 Convention Cntr Dr., MB, FL 33139	City Commissioner

**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'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	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")

Residential Home (Address protected by Florida State Statutes) - Miami Beach, Florida

**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
N/A	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
Audi Financial	1401 Franklin Blvd., Libertyville, Il 60048
Biscayne Bank	2601 S Bayshore Dr., #600, Miami, Florida 33133

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

**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.

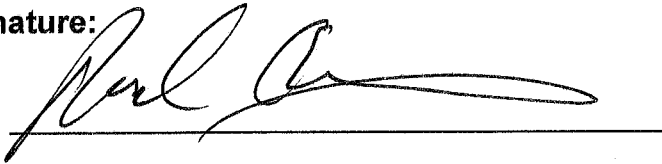
**PART H — EXPLANATION OF CHANGES**

Law Firm was mistakenly listed as a business in Part F of original form when it is not a specified business to be disclosed.

IF ANY OF PARTS A THROUGH H ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

9/6/17

**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:**

**WHERE TO FILE:**

Return the form to the location where you filed the Form 1 or 1F that you are seeking to amend.

**Local officers** should have filed with the Supervisor of Elections of the county in which they permanently resided. (If you did not permanently reside in Florida, then with the Supervisor of the county where your agency had its headquarters.)

**State officers or specified state employees'** forms should be filed 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** should have filed their Form 1 together with their qualifying papers.

**QUESTIONS:**

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303; telephone (850) 488-7864.

# Form 9

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

LAST NAME - FIRST NAME - MIDDLE NAME: GRIECO MICHAEL CHRISTOPHER			NAME OF AGENCY: CITY OF MIAMI BEACH	
MAILING ADDRESS: 1700 CONVENTION CENTER DRIVE			OFFICE OR POSITION HELD: COMMISSIONER, GROUP 2	
CITY: MIAMI BEACH	ZIP: 33139	COUNTY: MIAMI-DADE	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
				YEAR: 20 <u>17</u>

### 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
	NO GIFTS TO DISCLOSE			

CHECK HERE IF CONTINUED ON SEPARATE SHEET

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 CITY OF MIAMI BEACH  
 OFFICE OF THE CITY CLERK

### 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>6th</u> day of <u>September</u> , 20 <u>17</u>
	by <u>Michael C. Grieco</u> <u>Lillian R. Hatfield</u> (Signature of Notary Public-State of Florida) <u>Lillian R. Hatfield</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Not Personally Known <input type="checkbox"/> Type of Identification Produced <input checked="" type="checkbox"/> OR Not Produced <input type="checkbox"/> Notary Public State of Florida Lillian R Hatfield My Commission GG 044249 Expires 02/18/2021

### 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.)

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK


1160

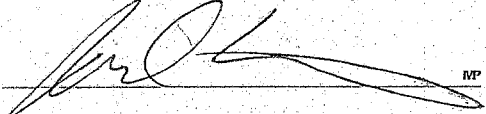
MICHAEL C GRIECO CAMPAIGN ACCOUNT

DATE 9/6/17 63-964/670

PAY TO THE ORDER OF CITY OF MIAMI BEACH \$ 1020.00

ONE THOUSAND AND TWENTY DOLLARS only 00/100 DOLLARS

Sabadell United Bank 

FOR QUAL. FILING  MP

Details on back

Security Features

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

001709-0021 Adrian V 09/06/2017 10:15AM

MISCELLANEOUS

Description: MCR Expense  
 (MCREXP)

Reference 1: MCR416998

MCR Expense (MCREXP)

2017 Item: MCREXP

1 @ 1,020.00

MCR Expense (MCREXP) 1,020.00

-----  
 1,020.00

Subtotal 1,020.00

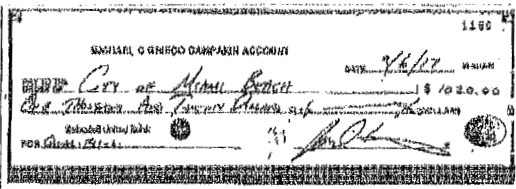
Total 1,020.00

CHECK 1,020.00

Check Number 001160

Change due 0.00

Paid by: MICHAEL C GRIECO CAMPAIGN ACCOUNT



Thank you for your payment

CUSTOMER COPY

**Miscellaneous Cash Receipt**  
**CITY OF MIAMI BEACH**

No. 416998

Cash  Credit Card  Check # 1160

\$ 1020.00

MBF  
 Received of MICHAEL GRIECO 2017 CAMPAIGN 09-06-2017  
 Address 09/06/2017 10:15AM  
 MCR Expense (MCREXP)  
 Payment for amount 09/06/2017 10:15AM  
 MCR416998

(THIS INFORMATION MUST BE COMPLETED)

Account Number: 011-9322-000312-90-400-592.00

Preparer: Sharon Sawyer Dept: CC EXT: 7411

By \_\_\_\_\_  
 Office of Finance Director