

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

**RECEIVED**  
**SEP - 8 2021**  
**CITY OF MIAMI BEACH**  
**OFFICE OF THE CITY CLERK**

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, **Michael "Mike B" Barrineau**,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of **City of Miami Beach Commissioner**,

(Office)

(District #)

**Group 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.

**Candidate's Florida Voter Registration Number** (located on your voter information card): **118536199**

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

**'maikəl maik bi 'baeri,nɔʊ**

**X**  **(305) 204.3512** **mikeb@mikebarrineau.com**  
Signature of Candidate Telephone Number Email Address  
**110 Washington Ave #1613** **Miami Beach** **FL** **33139**  
Address City State ZIP Code

**STATE OF FLORIDA**

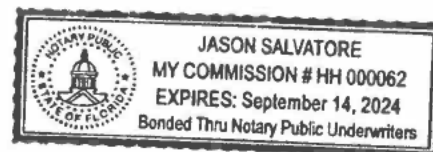
**COUNTY OF** **MIAMI-DADE**

Sworn to (or affirmed) and subscribed before me by means of  
online notarization ☐ OR physical presence ☒  
this **8** day of **Sept.**, 20**21**

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: **FL Driver License**

  
**Signature of Notary Public**  
Print, Type, or Stamp Commissioned Name of Notary Public below:



# MIAMI BEACH

## CITY OF MIAMI BEACH OATH/AFFIRMATION

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SEP - 8 2021

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 "Mike B" Barrineau, 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: 110 Washington Ave #1613, 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.

[Signature]  
Signature of Candidate

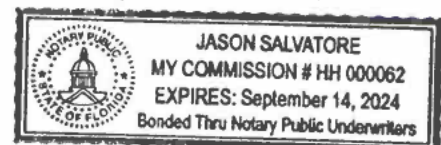
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or

☐ online notarization this 8 day of Sept, 2021, by Michael Barrineau

[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 FL Driver License

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

BARRINEAU MICHAEL DAVID

MAILING ADDRESS :

110 WASHINGTON AVE APT 1613

CITY :

ZIP :

COUNTY :

MIAMI BEACH 33139 MIAMI-DADE

NAME OF AGENCY :

MIAMI BEACH

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COMMISSIONER GROUP 3

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

RECEIVED

SEP -8 2021

CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

## 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
COLLINS REALTY	1395 BRICKELL AVE, MIAMI, FL 33131	REAL ESTATE

## 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

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

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> [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		
<b>PART E — LIABILITIES</b> [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
N/A		
<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> [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	BUSINESS ENTITY # 2
	Colhis Realty	N/A
ADDRESS OF BUSINESS ENTITY	1395 BRICKELL AVE MIAMI, FL	
PRINCIPAL BUSINESS ACTIVITY	REAL ESTATE	
POSITION HELD WITH ENTITY	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	
NATURE OF MY OWNERSHIP INTEREST	OWNER	
<b>PART G — TRAINING</b> For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.		
<input type="checkbox"/> 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 <input type="checkbox"/>		
<b>SIGNATURE OF FILER:</b>  Signature: _____  Date Signed: 9/8/21		<b>CPA or ATTORNEY SIGNATURE ONLY</b>  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: _____
<b>FILING INSTRUCTIONS:</b> 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. To determine what category your position falls under, see page 3 of instructions.  <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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned.</u>  <b>State officers or specified state employees</b> who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. <u>Do not file by both mail and email. Choose only one filing method.</u> Form 6s will not be accepted via email.  <b>Candidates</b> file this form together with their filing papers.  <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.  <b>WHEN TO FILE: 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.  <b>Candidates</b> must file at the same time they file their qualifying papers.  <b>Thereafter,</b> file by July 1 following each calendar year in which they hold their positions.  <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, 2020.		



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

SEP - 8 2021

LAST NAME -- FIRST NAME -- MIDDLE NAME: <b>BARRINEAU MICHAEL DAVID</b>			NAME OF AGENCY: <i>City of Miami Beach</i>	
MAILING ADDRESS: <b>110 WASHINGTON AVE #1613</b>			OFFICE OR POSITION HELD: <i>Candidate Commission Group 3</i>	
CITY: <b>MIAMI BEACH</b>	ZIP: <b>33139</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>2021</b>	

**CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK****PART A — STATEMENT OF GIFTS**


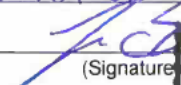
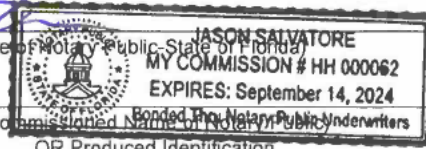
Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the 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
N/A				

☐ 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  depone 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.   SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <i>MIAMI-DADE</i> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <i>8</i> day of <i>Sept</i> , 20 <i>21</i> by <i>Michael Barrineau</i>   (Signature of Notary Public, State of Florida)  (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known _____ OR Produced Identification Type of Identification Produced <i>FL Driver License</i>
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**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

MICHAEL BARRINEAU CAMPAIGN  
MICHAEL MIKE B BARRINEAU

1006  
04-7041/2652

9-8-21  
Date

CHECK ANYWHERE  
TRADE PROMOTION

Pay to the Order of City of Miami Beach

\$ 1,020.00

one thousand twenty & 0/100

Dollars

Photo  
Info  
Deposit  
Details on back

IBERIABANK

For qualifying fee

Wm

MP

[Redacted]

[Redacted]

1006