

FOR OFFICE USE ONLY:

Senate-Elected Constitutional Officer

FLORIDA
COMMISSION ON ETHICS

JUN 09 2020



*****AUTO**MIXED AADC 323 T5 P1 173 979

HON LORI BERMAN, STATE SENATOR; DISTRICT 31
120 N OCEAN BLVD # 301
DELRAY BEACH FL 33483-7013

PROCESSED

ID CODE

ID NO.

CONF. CODE

Berman, Lori



RECEIVED

234991

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of May 1, 2020 was \$ 2,401,332.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attached Part B Assets	2,824,017

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Comerica Bank, One South Federal Highway, Boca Raton, FL 33432	498,407
Wells Fargo, 5355 Town Center Road, Boca Raton, FL 33486	61,885
Volvo Car Financial Services, PO Box 91300, Mobile, AL 36691	12,393

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached Part D Income		196,691

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
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 F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

- ☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF

Palm Beach

Sworn to (or affirmed) and subscribed before me by me or by _____
☒ physical presence or ☐ online notarization, this 4th day of

June 2020 by Denise McMenamy

(Signature of Notary Public--State of Florida)

Denise McMenamy
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FID# B655522587270

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Lori Berman

Form 6, Part B Assets, Page 1

Co-op, 120 N. Ocean Boulevard #301, Delray Beach, FL	\$485,000
Single Family Home, 2365 NW 46 th Street, Boca Raton, FL	\$1,500,000
Bank of America Accounts	\$2191
Comerica Bank Account	\$5490
Thor 519 Fulton Street Member LLC, NY	\$85,000
Supply Clinic Preferred Stock, Chicago, IL	\$50,000
Body Details, LLC, FL	\$75,000
Closely held business, Comprehensive Closure Concepts, Inc. FL	\$1,000
Closely held business, GBL, LLC	\$10,000 (1)
Trust, Ganeles Irrevocable Trust	\$0 (2)
Volvo S60	\$2052
Recreation Lease Joint Venture, Royal Palm, Margate, FL	\$50,000
Wells Fargo Accounts, portfolio attached	\$558,284

- (1) Based on market value of sole asset minus mortgage (condo 110 Carriage Way Snowmass CO)
- (2) Determined based on cash surrender value of sole asset owned by trust (insurance policy)
- (3) Based on blue book value (\$424,624) minus residual value (\$422,572)

Lori Berman

Form 6, Part B Asset, Page 2

Account ending in 5680

Cash	\$40,632
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Account ending in 6492 total:	\$81,609
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Cash	\$56,936
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Stocks and EFT total:	\$14,660
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Silver TR SLV	\$3495
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Spar Gold Trust GLD	\$7940
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Vaneck Vectors TREFT	\$3225
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Mutual funds total:	\$10,013
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Doubleline FDS TR DBLTX	\$10,013
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Account ending in 4177

Cash	\$955.38
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Account ending in 0786

Cash	\$337.15
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Account ending in 1270 total	\$434,751
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Cash	\$161,995
------	-----------

Stocks and EFT total:	\$207,874
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Amazon Com Inc AMZN	\$7422
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American Express AXP	\$5475
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Apple, Inc. AAPL	\$5876
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Berkshire Hathaway B BRK/B	\$4684
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Boeing BA	\$5641
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Coca Cola KO	\$4589
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Disney Walt DIS	\$5407
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First Trust ETF FTCS	\$11,032
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Goldman Sachs Access ETF GBIL	\$23,147
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I shares Silver ETF SLV	\$23,766
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Invesco TR ETF RYT	\$5495
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Johnson & Johnson JNJ	\$4501
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Microsoft MSFT	\$5376
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Select SPDR ETF Utilities XLU	\$5726
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Select SPDR ETF Financial XLF	\$4558
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SPDR Gold Trust GLD	\$43,670
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Square Inc-A SQ	\$4886
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Lori Berman

Form 6, Part B Assets, Page 3

Vaneck Vectors ETF GDX	\$12,904
Vanguard Healthcare ETF VHT	\$5653
Vanguard Index FDS ETF VOO	\$13,355
Verizon communications VZ	\$4711
Mutual Funds Total:	\$64,882
Doubleline FDS TR DBLTX	\$14,589
Invesco Muni fund ORSYX	\$43,642
Janus Henderson fund JBALX	\$6,651

Lori Berman
Form 6
Part D
Income

**Lori Berman
Disclosure of Income
2019**

Primary Sources of Income:

Name of Source of Income Exceeding \$1,000	Ownership	Address of Source of Income	Amount	
State of Florida - Wages	Lori	State of Florida Chief Financial Officer 200 E. Gaines Street Tallahassee, FL 32399-0356	\$26,646	Federal Taxable Wages
Comprehensive Closure Concepts - Wages	Lori	Comprehensive Closure Concepts 2365 NW 46th Street Boca Raton, FL 33431	\$13,000	Federal Taxable Wages
Wells Fargo Brokerage Accounts - Interest Income	Joint	Wells Fargo Clearing Services, LLC 2801 Market Street St. Louis, MO 63103	Did not exceed \$1,000	
Wells Fargo Brokerage Accounts - Dividends/Capital Gain Distributions	Joint	Wells Fargo Clearing Services, LLC 2801 Market Street St. Louis, MO 63103	\$7,576	
Wells Fargo Brokerage Accounts - Short Term/Long Term Capital Gains (Losses)	Joint	Wells Fargo Clearing Services, LLC 2801 Market Street St. Louis, MO 63103	15,010	
Residential Rental Loss	Joint	3657 NW 5th Terrace Boca Raton, FL 33431	\$29,113 Gross Rents Overall Net Loss	
Gain on Sale of Residential Rental Property	Joint	3657 NW 5th Terrace Boca Raton, FL 33431	\$97,053	Estimate
Pass-through Income from Partnership	Lori	Recreation Lease Joint Venture 3822 N. 41st Avenue Hollywood, FL 33021	\$8,293	
Pass-through Income from Partnership	Joint	Thor 519 Fulton Street Member 25 West 39th Street, 11th Fl. New York, NY 10018	Distributive Share not expected to exceed \$1,000	Estimate K-1 not yet issued.
Pass-through Income from Partnership	Joint	Body Details LLP 170 NE 2nd Street, Unit 1469 Boca Raton, FL 33462 New York, NY 10080	Distributive Share not expected to exceed \$1,000	Estimate K-1 not yet issued.
Pass-through Income from Partnership	Joint	Invesco DB US Dollar Index Bearish Fund 3500 Lacey Rd., Suite 700 Downers Grove, IL 60515	Distributive Share did not exceed \$1,000	
Pass-through Income from S Corp	Lori	Comprehensive Closure Concepts 2365 NW 46th Street Boca Raton, FL 33431	Distributive Share did not exceed \$1,000	

To: Commission of Ethics
from: Senator Cori Berman
Date: June 5, 2020

FLORIDA
COMMISSION ON ETHICS

JUN 09 2020

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I inadvertently mailed you a copy
of the first Page and am sending
you the original to be substituted.
I apologize for the inconvenience.
Thank you.

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COMMISSION ON ETHICS

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PART A -- NET WORTH

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HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

See Attached Part B Assets2,824,017

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Camerica Bank, One South Federal Highway, Boca Raton, FL 33432498,407Wells Fargo, 5355 Town Center Road, Boca Raton, FL 3348661,885Volvo Car Financial Services, PO Box 91300, Mobile, AL 3669112,393

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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PART D -- INCOME

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For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 4th day of

June, 2020 by Denise McMenamy

Denise McMenamy
(Signature of Notary Public--State of Florida)

Denise McMenamy
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X
Type of Identification Produced FDH # B655522587270

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

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