

AFFIDAVIT OF CANDIDATE

CITY OF MIAMI, FLORIDA

RECEIVED

2023 JAN 12 PM 2:54

OFFICE OF THE CITY CLERK
CITY OF MIAMI

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)
CITY OF MIAMI)

MJG

Michael J. Goggins (hereinafter "affiant"), being first duly sworn, deposes and says:

1. My name is Michael Joseph Goggins.

2. For those candidates seeking the office of Mayor, please check the appropriate subsection (a) below. Those candidates seeking the office of Commissioner please check and fill in the blank in subsection (b) below:

(a) I am offering myself as a candidate for the office of Mayor of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the City of Miami for the duration of my term of office.

MJG

(b) I am offering myself as a candidate for the office of Commissioner in District Number 2 of the City of Miami, Florida. If elected, I fully understand that I must maintain an actual and real residence within the district for the duration of my term of office.

3. I have resided in the City of Miami for a minimum of one year before qualifying if applying for Mayor, and one year in the district if applying for the Commission, and I am a registered voter and a duly qualified elector of the City of Miami, Florida, presently registered to vote in Precinct No. 995.

I presently reside at the following address (must include zip code):

1200 Brickell Bay Drive, Apt 2101 Miami FL 33131,

which is my legal address, and I have resided continually at said address from the 23 day of Feb. 2017 to the present.

4. Immediately prior to residing at the above-stated address, I have resided at the hereinbelow listed addresses for the cited periods of time (list hereinbelow all addresses at which you have resided for the past five years, as well as the length of time at each address):

Prior Addresses

For the Period

2021 Sundew Drive,
Troy MI 48098

Jan 10, 1987 - Feb 2017

5. In addition to the residence that I have listed as my present address, I also reside at the following listed addresses on a temporary basis as a secondary domicile or domiciles:

None

6. Affiant's spouse resides at the following address (must include city, state and zip code):

1200 Brickell Bay Drive, Apt 2101 Miami FL 33131

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7. Affiant's minor children reside at the following address (must include city, state and zip code):

None

8. At the present time, affiant ~~(is)~~ (is not) registered to vote in any city, county or state other than as stipulated in subparagraph 3 above.

9. Name and business address of affiant's employer:

Miami Wealth Management

701 Brickell Ave, Suite 1550, Miami FL 33131

10. Affiant's occupation: President and Chief Compliance Officer

Affiant's business telephone number(s): 305-350-2100

11. Affiant has been employed in the above-cited capacity for the following period of time:

Jan. 2016 - present mfk

(Note: In the event the occupation of affiant has been for a period of less than one year, or the employment period with the same employer has been for a period of less than one year, affiant shall give the name(s) and address(es) of his/her employer(s) and occupation(s) for the period of one year prior to the date of this affidavit).

12. Affiant represents that he/she (is) ~~(is not)~~ currently holding another elective or appointive office – whether city, county or municipal – the term of which or any part thereof runs concurrently with that of the office he/she seeks, and that he/she has resigned from any office from which he/she is required to resign pursuant to F.S. 99.012 and/or the City of Miami Charter.

13. Affiant represents that, as of this date, he/she (is) ~~(is not)~~ seeking to qualify for public office which is currently held by an officer who has authority to appoint, employ, promote, or otherwise supervise him/her and who has qualified as a candidate for reelection to that office.

Note: If affiant is an employee of the City of Miami, affiant shall take a leave of absence, without pay from his/her employment during the period in which affiant has become a candidate for elective public office. This subsection does not apply to the Commissioners and Mayor, City Manager, City Attorney, City Clerk, and Independent Auditor General. Such leave of absence shall be effective upon whichever occurs first:

- (a) Such employee receives contributions or makes expenditures, or gives her or his consent for any other person to receive contributions or make expenditures, with a view to bringing about his or her nomination or election to public office; or
- (b) At the time such employee appoints a campaign treasurer and designates a primary depository; or
- (c) At the time such employee files qualification papers and subscribes to a candidate's oath as required by law.

14. Affiant's campaign headquarters address and telephone number:
1100 Brickell Bay Drive, #310458 Miami FL 33131

MP
305-857-5757

Affiant's campaign treasurer's name:
Michael Joseph Goggins

Affiant's campaign treasurer's address:
1200 Brickell Bay Drive, Apt. 2101 *miami FL33131*

Telephone numbers: (work) 305-350-2100
(home) 305-857-5757

15. Affiant represents that, if elected, he/she shall serve in the elective office to which he/she seeks election.

16. Following is the exact way in which affiant would like to have his/her name printed on the official ballot: Michael Goggins

SIGNED THIS 12 DAY OF January 2023.

[Signature]

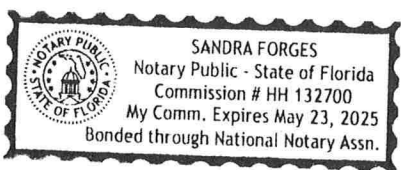
AFFIANT

BEFORE ME, the undersigned authority, appeared Michael Goggins,
who, after first being duly sworn, deposes and states that he executed the foregoing to the best of
his knowledge and belief.

[Signature]

CITY CLERK
CITY OF MIAMI, FLORIDA

(SEAL)
 Did take an oath
 Produced identification



Type of identification produced: FL Driver License

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2022

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

FOR OFFICE USE ONLY:

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Goggins Michael Joseph

MAILING ADDRESS :

1200 Brickell Bay Drive, Apt 2101

CITY :

Miami

ZIP :

33131

COUNTY :

Miami Dade

NAME OF AGENCY :

City of Miami

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City of Miami Commissioner District 2

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Rows include Miami Wealth Management and InvestShares.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row contains 'none'.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

1200 Brickell Bay Drive apt 2101, Miami FL 33131

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.

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
Brokerage accounts	None
Mutual Funds	None

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Miami Wealth Management	InvestShares
ADDRESS OF BUSINESS ENTITY	701 Brickell Ave, Ste 1550 Miami FL 33131	701 Brickell Ave, Ste 1550 Miami FL 33131
PRINCIPAL BUSINESS ACTIVITY	Wealth Management	Securities Brokerage
POSITION HELD WITH ENTITY	President	President
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes 100%	Yes 100%
NATURE OF MY OWNERSHIP INTEREST	Active controlling interest	Active controlling interest

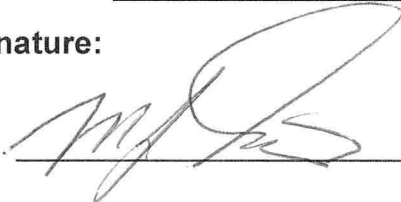
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

January 12, 2023

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:

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.

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.) 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. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees 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. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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.

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.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

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, 2022.

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, MICHAEL V. Goggins
First Name Middle Initial Last Name

a citizen of the State of Florida and of the United States of America, ... and a candidate for public office ... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

[Signature]
Signature of Candidate

CITY OF MIAMI OATH OF CANDIDATE
OFFICE OF CITY OF MIAMI COMMISSIONER

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

Before me, an officer authorized to administer oaths, personally appeared

Michael Goggins
(PLEASE PRINT NAME)

who, being sworn, says he/she is a candidate for the office of **City of Miami Commissioner, District 2**, for the City of Miami, Florida; that he/she is a qualified elector of the City of Miami, Florida; that he/she is qualified under the Constitution, the Laws of Florida, and City of Miami Charter to hold the office to which he/she desires to be elected; that he/she has taken the oath required by Section 99.021, Florida Statutes; that he/she has qualified for no other public office in the State, the term of which office or any part thereof runs concurrent with that of the office he/she seeks; and that he/she has resigned or taken a leave of absence from any office from which he/she is required to resign or take a leave of absence, pursuant to Section 99.012, Florida Statutes.

[Signature]
Signature of Candidate

1200 Brickell Bay Drive, Miami FL 33131
Address City State ZIP Code

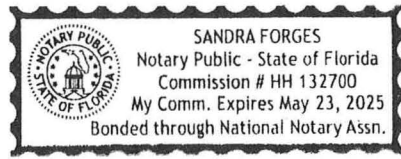
The Loyalty Oath and Oath of Candidate are sworn to (or affirmed) and subscribed before me by physical or online presence, this 12th day of January, 20 23 2023

[Signature]
Signature of Officer Administering Oath or Notary Public

Sandra Forges
Name of Notary Typed, Printed or Stamped

Personally Known: _____ OR Produced Identification:

Type of Identification Produced: FL Driver License



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**ACKNOWLEDGMENT BY CANDIDATES COVERED BY
THE MANDATORY PROVISION
OF THE
ETHICAL CAMPAIGN PRACTICES ORDINANCE**


The Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance automatically extend to candidates and their respective campaign staffs for the Miami-Dade County Commission or Mayor; candidates and their respective campaign staffs for Miami-Dade Community Councils, candidates and their respective campaign staffs for any municipal elective office within Miami-Dade County; candidates and their respective campaign staffs for the Property Appraiser of Miami-Dade County; and any candidate and his or her campaign staff for elective office with a constituency in whole or in part in Miami-Dade County.

As provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C), I shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned, avoided, or injured in his or her business or occupation;
- (b) With actual malice publish or cause to be published by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff which exposes said person to hatred, contempt, or ridicule or causes said person to be shunned or avoided, or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged by any means any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to, temporarily or permanently, deprive the candidate of a right to the property or a benefit thereof; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

I, MICHAEL Goggin, a candidate for the office of
please print your name
Commissioner District 2 in City of Miami,
elective office sought county, municipality, or other jurisdiction

acknowledge that the Mandatory Fair Campaign Practices as provided in the Miami-Dade County Code at Sec. 2-11.1.1 (C)(1) applies to me throughout this campaign period, regardless of when I sign this acknowledgment. I recognize as compulsory the jurisdiction of the Ethics Commission. The Ethics Commission has the authority to decide whether I have violated the Mandatory Fair Campaign Practices of the Ethical Campaign Practices Ordinance and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x 
Signature

1-12-2023
Date

Candidates for county office file with the Miami-Dade County Elections Department. Candidates for municipal office file with their respective municipal clerks. For further information, please contact the Miami-Dade County Office of Governmental Affairs at 305 499-8410.

Miami Dade County Elections Dept.
2700 NW 87th Ave. *or* P.O. Box 521550
Miami, FL 33172 Miami, FL 33152-1550

MIKE GOGGINS
 Campaign Account
 Michael Goggins

6199
 DATE 1-12-2023 9-32/720

PAY TO THE ORDER OF City of Miami \$ 682.00

Six hundred eighty two ²⁰/₁₀₀ DOLLARS

CHASE
 JPMorgan Chase Bank, N.A.
 www.Chase.com

MEMO _____

[Signature] MP



City of Miami
OFFICIAL RECEIPT

No. **503192**

\$ 682.00 Sales Tax \$ — Total \$ 682.00

Date: 01/12/2023

SIX HUNDRED and EIGHTY-TWO XX /100 Dollars

Received from: Michael Goggins

Address: 701 Brickell Ave. Suite 1150 Miami, FL 33131

For: Qualifying - Special Election-D2 Reference No: check # 6199

This Receipt not VALID unless dated, filled in and signed by authorized employee of department or division designated hereon and until the City has collected the proceeds of any checks tendered as payment herein.

By: Sandra Forgas

Department: City Clerk

Division: Elections

C FN/TM 402 Rev. 03/03

Distribution: White - Customer; Canary - Finance; Pink - Issuing Department

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 CITY OF MIAMI