

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy       Depository       Office       Party

2. Name of Candidate (in this order: First, Middle, Last)  
Tanya Katzoff Bhatt

3. Address (include post office box or street, city, state, zip code)

830 Raymond Street  
Miami Beach, FL 33141

4. Telephone

( 305 ) 874-0830

5. E-mail address

TanyaForMiamiBeach@gmail.com

6. Office sought (include district, circuit, group number)  
Miami Beach City Commission, Group V

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In       No Party Affiliation       N/A Party candidate.

9. I have appointed the following person to act as my       Campaign Treasurer       Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Brendan Olsen

11. Mailing Address  
1504 Michigan Avenue #12

12. Telephone  
( 305 ) 407-5842

13. City  
Miami Beach

14. County  
Miami-Dade

15. State  
FL

16. Zip Code  
33139

17. E-mail address  
olsen.brendan@gmail.com

18. I have designated the following bank as my       Primary Depository       Secondary Depository

19. Name of Bank  
City National Bank of Florida

20. Address  
300 71st Street

21. City  
Miami Beach

22. County  
Miami-Dade

23. State  
FL

24. Zip Code  
33141

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date  
2/15/2023

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

Brendan Olsen

I, \_\_\_\_\_, do hereby accept the appointment

(Please Print or Type Name)

designated above as:       Campaign Treasurer.       Deputy Treasurer.

2/15/2023

X

Date

Signature of Campaign Treasurer or Deputy Treasurer