

110090270

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

2023 SEP -6 PM 5:02

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

OFFICE USE ONLY

Candidate Oath

Name for Ballot: Tanya / Katzoff / Bhatt /
First Middle Name/Initial/and/or/Nickname Last Name Suffix
(See reverse side for Nickname Affidavit.)

I swear or affirm that I am a candidate for the nonpartisan office of Miami Beach City Commissioner, (District #)
 (Office) (District #)
Group IV; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (305) 874-0830 TanyaForMiamiBeach@gmail.com
Signature of Candidate Telephone Number Email Address
900 Bay Drive #1023 Miami Beach FL 33141
Address of Legal Residence 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 06th day of September, 2023.

Personally Known OR Produced Identification

Type of Identification Produced: FDLB200 811676040

[Signature]
Signature of Notary Public
Print, Type, or Stamp the Name of Notary Public below:



RECEIVED

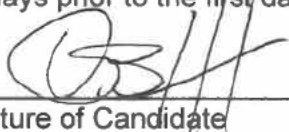
CITY OF MIAMI BEACH OATH/AFFIRMATION 5:02

STATE OF FLORIDA

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Tanya Katzoff Bhatt
 _____, to me well known who, being sworn, says that he/she is a
 candidate for the office of City Commissioner (Group No. IV) 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: 900 Bay Drive #1023, 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 of Candidate

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

online notarization this 6th day of September, 2023, by Tanya Katzoff Bhatt



Signature of Notary Public-State of Florida

Keila Mena
Name of Notary Typed, Printed or Stamped



Personally Known _____ OR Produced Identification

Type of Identification Produced FDL 8800811676090

OFFICE OF THE CITY CLERK
CITY OF MIAMI BEACH

2023 SEP -6 PM 5:19

RECEIVED

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2022

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

FOR OFFICE USE ONLY:
RECEIVED

2023 SEP -6 PM 5:02

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Bhatt -- Tanya -- Katzoff

MAILING ADDRESS :
900 Bay Drive

#1023

CITY : ZIP : COUNTY :
Miami Beach 33141 Miami-Dade

NAME OF AGENCY :
City of Miami Beach

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
City Commissioner, Group IV

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")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Frye Financial Center	20900 W. Dixie Highway, Aventura, FL 33180	financial planning

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.

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
retirement accounts	Fidelity, Parnassus, company 401K
index funds, Treasury bonds	Aspiration, Acorns, US Treasury Direct

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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
N/A		
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 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:

9/6/2023

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.

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME: Bhatt -- Tanya -- Katzoff			NAME OF AGENCY: City of Miami Beach		2023 SEP -6 PM 5:02
MAILING ADDRESS: 900 Bay Drive #1023			OFFICE OR POSITION HELD: Candidate - City Commissioner, Group IV		
CITY: Miami Beach	ZIP: 33141	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE):		YEAR 20 <u>23</u>
			<input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER		

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	N/A	N/A	N/A	N/A

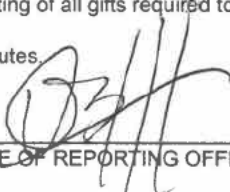
CHECK HERE IF CONTINUED ON SEPARATE SHEET

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 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 112.310, Florida Statutes.	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>6th</u> day of <u>September</u> , 20 <u>23</u>
	<u>Tanya Katzoff Bhatt</u> (Signature of Notary Public-State of Florida)
SIGNATURE OF REPORTING OFFICIAL 	My Commission Expires <u>1-3-2027</u> Type, or Stamp Commissioned Name of Notary Public) Personally Known _____ OR Produced Identification Type of Identification Produced <u>FDL #200211678090</u>

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.)

Form 9

QUARTERLY GIFT DISCLOSURE (GIFTS OVER \$100)

RECEIVED

LAST NAME -- FIRST NAME -- MIDDLE NAME: Bhatt -- Tanya -- Katzoff		NAME OF AGENCY: City of Miami Beach 2023 SEP -8 AM 9:18	
MAILING ADDRESS: 900 Bay Drive #1023		OFFICE OR POSITION HELD: Candidate - City Commissioner Group IV	
CITY: Miami Beach	ZIP: 33141	COUNTY: Miami-Dade	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER
			YEAR 20 23

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	N/A	N/A	N/A	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 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 218.014, Florida Statutes	STATE OF FLORIDA COUNTY OF <u>Miami-Dade</u> Sworn to (or affirmed) and subscribed before me by means of <input checked="" type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this <u>8th</u> day of <u>September</u> , 20 <u>23</u>
	<u>Tanya Katzoff Bhatt</u> (Signature of Notary Public-State of Florida)
<u>[Signature]</u> SIGNATURE OF REPORTING OFFICIAL	Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known _____ OR Produced Identification Type of Identification Produced <u>FDL B30081KAG091</u>

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.)

CITY OF MIAMI BEACH, FLORIDA
DOCUMENT(S) EVIDENCING RESIDENCY
IN THE CITY OF MIAMI BEACH FOR AT LEAST ONE YEAR
BEFORE QUALIFYING

Pursuant to City of Miami Beach Charter Sec. 6.03, entitled Qualifying, all candidates qualifying for office shall have submitted one (1) or more documents upon which he/she relies to evidence that he/she has resided in the City for at least one year before qualifying, which type document(s) shall include, but not limited to a Florida government-issued identification, a voter's registration card, driver's license, property tax receipt, homestead exemption, utility bill, or lease agreement.

Document(s) provided:

Driver License *Issued: 2/24/2017 / Replaced: 10/15/2022* | *Issued: 2/24/2017 / Replaced: 5/5/2023*

Voter Information Card

Property Tax Receipt

Homestead Exemption

Utility Bill

Lease Agreement

Other *Bank Statement 12/15/2021 to 1/11/2022*
• Loan Statement 4/1/2020

RECEIVED

SEP 06 2023

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

Check this box after the document(s) provided by the Candidate have been photocopied.

Received by:

Regis Barber
Employee Name

[Signature]
Employee Signature

9/6/2023
Date

Reviewed by:

RAPHEL F. GRANARO
Employee Name

[Signature]
Employee Signature

9/6/2023
Date

TANYA KATZOFF BHATT CAMPAIGN ACCOUNT

830 RAYMOND ST
MIAMI BEACH, FL 33141

1114

63-436/660

DATE 9/6/2023

CHECK ARMOR

PAY TO THE
ORDER OF

City of Miami Beach

\$ 1,020.00

One-thousand Twenty and

00
100

DOLLARS

SECURITY
PRINTING
DATE

 **City National Bank**
Bci FINANCIAL GROUP

FOR

qualifying fee



MP

RECEIVED

SEP 06 2023

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK