

MIAMIBEACH

OFFICE OF THE CITY CLERK
City of Miami Beach, 1700 Convention Center Drive, Miami Beach, FL 33139
www.miamibeachfl.gov
Telephone: 305.673.7411

June 12, 2024

Miami-Dade Clerk of the
Board of County Commissioners
111 NW 1st Street, # 17-10
Miami, FL 33128

Pursuant to Section 2-11.1(e)(4) of the Code of Miami-Dade County, attached please find a copy of the Miami-Dade County Quarterly Gift Disclosure Form, for the quarter ending March 2024, for the following City of Miami Beach Personnel:

Samantha C. Tiffany – Environmental Resources Manager (City of Miami Beach)

The original has been filed with the Miami Beach Office of the City Clerk.

Should you have any questions or require any additional information, please contact me at 305.673.7411.

Respectfully,



Rafael E. Granado,
City Clerk

Attachments

REG:cd

Sent Certified Return Receipt

**MIAMI-DADE COUNTY
QUARTERLY GIFT DISCLOSURE**

LAST NAME-FIRST NAME-MIDDLE NAME:	NAME OF AGENCY:
Tiffany, Samantha - C.	City of Miami Beach
STREET ADDRESS:	OFFICE OR POSITION HELD:
1700 CONVENTION CENTER DRIVE	Environment and Sustainability Dept. Environmental Resources Manager
CITY: Miami Beach	FOR QUARTER ENDING (Check One):
ZIP: 33139	<input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE
COUNTY: Miami-Dade	<input type="checkbox"/> SEPT. <input type="checkbox"/> DEC. YEAR: 2024

PART A: STATEMENT OF GIFTS. List below each gift, or series of gifts, from one person or entity in excess of \$100, accepted by you during the calendar quarter for which this statement is being filed. Describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the dates the gifts were received. If any of these facts are unknown or not applicable, state this on the form. **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
2/13/2024	(1) ASPEN TICKET	\$500.00	Michelle Burger ASPEN	2300 N St. NW Suite 700 Washington, DC 20037

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: FILING INSTRUCTIONS. The signed and notarized form must be filed no later than the last day of the calendar quarter that follows the quarter for which this form applies. For example, if a gift is received in March, it should be disclosed by the end of the next quarter, i.e., June 30. County personnel file with the Clerk of the Board of County Commissioners, 111 NW 1st St., Suite 17-10, Miami, FL 33128. Municipal personnel file with their respective municipal clerks.

PART D: 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 2-11.1 (e)(4) of the Code of Miami-Dade County.


Signature of Person Making Gift Disclosure

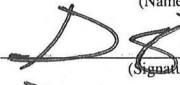
STATE OF FLORIDA
COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me this

12 day of June, 20 24,

by Tiffany, Samantha C.,

(Name of Person Making Gift Disclosure)


(Signature of Notary Public, State of Florida)

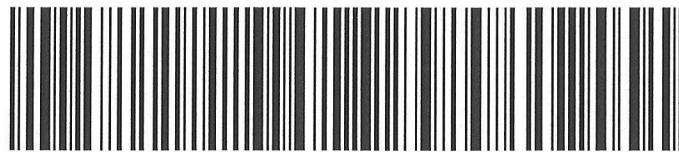
David A. Marquez
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me or Produced Identification
Type of Identification Produced: FL Drivers License



City of Miami Beach
City Clerk
1700 Convention Center Dr
Miami Beach FL 33139

USPS CERTIFIED MAIL



9214 8901 9403 8365 5248 85

MIAMI-DADE CLERK OF THE
BOARD OF COUNTY COMMISSIONERS
111 NW 1ST ST UNIT 17-10
MIAMI FL 33128-1902

Fold Here

Return Reference Number:
Username: Gabriel Donadio Martins
Code Violation #:
Court Case #:
Property Address ::
Permit ID #:
Custom 5:

Postage: \$7.3600