

**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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2011 APR 11 AM 3:08

**MIAMI-DADE
ELECTIONS**

**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)

FARID A KHAVARI

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

P.O. BOX 570502
MIAMI, FLORIDA 33257-0502

4. Telephone

(305) 252-6144

5. E-mail address

faridkhavari@bellsouth.net

6. Office sought (include district, circuit, group number)

MIAMI-DADE COUNTY MAYOR

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

JEROME J ROACH

11. Mailing Address

12445 GUILFORD WAY

12. Telephone

(561) 798-1424

13. City

WELLINGTON

14. County

PALM BEACH

15. State

FL

16. Zip Code

33414

17. E-mail address

jeromeroach@bellsouth.net

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

19. Name of Bank

SUNTRUST BANK

20. Address

106090 NW 12TH STREET

21. City

MIAMI

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

33172

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

APRIL 10, 2011

26. Signature of Candidate

Farid Khavari

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

I, JEROME J ROACH, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

APRIL 10, 2011

Date

Signature of Campaign Treasurer or Deputy Treasurer

**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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ELECTIONS**

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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)

FARID A. KHAVARI

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

P.O. Box 570502
Miami, FL 33257-0502

4. Telephone

(786) 286-6697

5. E-mail address

faridkhavari@bellsouth.net

6. Office sought (include district, circuit, group number)

Miami-Dade County Mayor

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

FARID A. KHAVARI

11. Mailing Address

P.O. Box 570502

12. Telephone

()

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33257

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faridkhavari@bellsouth.net

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21. City

Miami

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33172

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

April 11, 2011

26. Signature of Candidate

X Farid Khavari

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

I, FARID KHAVARI, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 11, 2011
Date

X Farid Khavari
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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2011 MAR 16 PM 1:48

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Farid Khavari,

candidate for the office of Miami-Dade Mayor;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

x Farid Khavari
Signature of Candidate

March 16, 2011
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

FARID A KHAVARI

First Name	Middle Name	Last Name
MIAMI-DADE COUNTY MAYOR		
Office Sought / Organization		

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECEIVED 2011 APR 11 AM 3:08 MIAMI-DADE ELECTIONS
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: Farid Khavari
Candidate/Chairperson Signature

Date: APRIL 11, 2011

Phone No.: 786-286-6697

Fax No.: 561-791-3778

E-mail address: FARIDKHAVARI@BELLSOUTH.NET

**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



- Candidate (office sought): MIAMI-DADE COUNTY MAYOR
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

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MIAMI-DADE
ELECTIONS

I, FARID A KHAVARI
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Farid Khavari

APRIL 11, 2011

Signature of Candidate or Chairperson

Date

Day Time Telephone No: 786-286-6697

Email Address: FARIDKHAVARI@BELLSOUTH.NET

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

**LOYALTY OATH FOR MIAMI-DADE COUNTY
MAYOR**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>FARID</u>	<u></u>	<u>KHAVARI</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [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.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, FARID KHAVARI

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT --- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING PERIOD)

am a candidate for the office of Miami-Dade County Mayor. I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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.

CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true. Under penalties of perjury, I declare that I have read the foregoing Loyalty Oath and Oath of Candidate and that the facts stated in each are true.

x <u>Farid Khavari</u>	<u>(786) 286-6697</u>	<u>faridkavari@bellsouth.net</u>
Signature of Candidate	Daytime Telephone Number	Email Address
<u>P.O. Box 570502</u>	<u>Miami</u>	<u>Florida</u>
Address	City	State
		<u>33257-0502</u>
		Zip Code

State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of April, 2011 by Farid Khavari.

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:

FL Drivers Lic.

[Signature]
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Marta Cristina Acosta
Commission # DD73064
Expires: FEB. 27, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2010

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

KHAVARI, FARID

MAILING ADDRESS:

P.O. Box 570502

CITY:

MIAMI

ZIP:

33257

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MIAMI-DADE MAYOR

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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2011 APR 12 AM 10:43

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, 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 April 11, 2011 was \$ 530,000.⁰⁰

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.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000.⁰⁰

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House (8621 S.W. 179 Street, Miami, FL 33157)	\$ 500,000.⁰⁰
Car	20,000.⁰⁰
Furnitures & personal effects	10,000.⁰⁰

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
7300 Investment LLC; South Miami, FL 33143	\$ 650,000.⁰⁰
BJ Lighting, Miami, FL	3,500.⁰⁰

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
ARFA International, Inc.	8519 S.W. 136 Street, Miami, FL 33156	\$ 9,600.-

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

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
	NA		
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			

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 MIAMI-DADE ELECTIONS

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

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.


Fatid Khawari
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of

April, 20 11 by Fatid Khawari

[Signature]
 (Signature of Notary Public for the State of Florida)

 **Maria Cristina Acosta**
 Commission # DD730644
 Expires: FEB. 27, 2012

(Print, Type, or Stamp Commission Number of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced FL Drivers Lic

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
 OTHER FORMS you may need to file are described on page 6.



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6482013

RECEIVED FROM Farid A. Khavari

DATE 4 / 12 / 11
MONTH DAY YEAR

ADDRESS P.O. Box 570502
STREET ADDRESS

CASH \$ _____

Miami CITY FL STATE 33257 ZIP

CHECKS \$ 2,631.24

AMOUNT OF: Two Thousand Six Hundred and Thirty-one DOLLARS, AND 24 CENTS

TOTAL \$ 2,631.24

FOR PAYMENT OF: Qualifying Fee - Mayor 2011

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

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 2011 APR 12 AM 10:43
 MIAMI-DADE ELECTIONS

107.01-1 6/04

NAME <u>Khavari Campaign acct.</u>	215/631	95
ADDRESS <u>P.O. Box 570502</u> <u>Miami, FL 33257-0502</u>	DATE <u>April 12, 2011</u>	
PAY TO THE ORDER OF <u>Board of County Commissioners</u>	\$ <u>2,631.24</u>	
<u>Two-Thousand, Six-Hundred, Thirty-One</u> ^{24/100}	DOLLARS	
SUNTRUST ACH RT 061000104		
MEMO <u>Qualifying Fee</u>		MP