

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community
Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

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

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, GARY DELANO JOHNSON
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X Gary D. Johnson garyjohnsonformayor@gmail.com
Signature of Candidate Telephone Number Email Address
P. O. Box 681691 MIAMI, FLORIDA 33168
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109154746

STATE OF FLORIDA
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me this 5th day of June, 20 12.

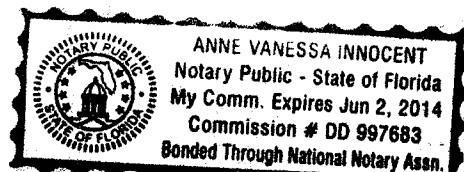
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:

FL Driver's License

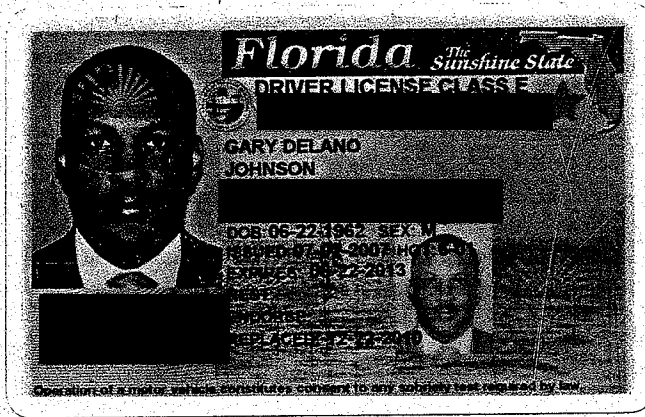
Anne Vanessa Innocent
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED

2012 JUN -5 AM 11:08

MIAMI-DADE
ELECTIONS



FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

JOHNSON, GARY D.

FOR OFFICE USE ONLY: JUN -5 AM 11:06

MAILING ADDRESS:

P.O. Box 681691

MIAMI-DADE ELECTIONS

MIAMI

33168

MIAMI-DADE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

MIAMI-DADE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 December 31, 2011 was \$ 7,000.00

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 \$ 7350.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Furniture + Household appliances

\$ 2,000.00

3 HD TV's

\$ 400.00

1 Computer

\$ 1200.00

1 Printer

150.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Not applicable

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Not applicable

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
	MIAMI-DADE ELECTIONS	
G Five, Inc	421 NW 148 ST	\$15,000.00
TRANSPORT WORKERS Union		\$8,000.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Not Applicable			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	Not Applicable		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 5th day of

June, 20 12 by Gary Delma Johnson

Anne Vanessa Innocent
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp the Commissioned Name of Notary Public)
ANNE VANESSA INNOCENT
Notary Public - State of Florida
My Comm. Expires Jun 2, 2014
Commission # DD 997683

Personally Known ☒ Bonded Through National Notary Assn. ☒ Produced Mechanical ☒

Type of Identification Produced FL Driver's License

Gary Delma Johnson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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. 6741226

RECEIVED FROM Gery Johnson
ADDRESS P.O. Box 681691
Miami STREET ADDRESS FL 33168
CITY STATE ZIP

DATE 6 / 5 / 12
MONTH DAY YEAR

CASH \$ _____ . _____

CHECKS \$ 1,800 . 00

TOTAL \$ 1800 . ⁰⁶

AMOUNT OF: One Thousand Eight Hundred DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee -

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



DEPT.: Elections

By: Amne Yonessa Innocent

FOR OFFICE USE ONLY

[illegible]

107.01-1 6/04

GARY JOHNSON FOR MAYOR <i>Campaign Account</i>		1004
P O BOX 681691 MIAMI, FL 33168		63-643/670 BRANCH 00665
DATE <i>June 5, 2012</i>		
PAY TO THE ORDER OF <i>Board of County Commissioners</i>	\$ <i>1800</i> ⁰⁰ / _{xx}	
<i>Eighteen hundred dollars and</i> ⁰⁰ / _{xx}		DOLLARS
 WACHOVIA Wachovia Bank, a division of Wells Fargo Bank, N.A.		 Security Features Details on Back.
FOR <i>Qualify Fee - Mayor 2012</i>	