

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

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

OFFICE USE ONLY

RECEIVED

Proof of residency provided:

- ☒ Driver's License
☐ Voter Information Card
☐ Property Tax Receipt
☐ Utility Bill
☐ Homestead Exemption Receipt
☐ Lease Agreement

MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE

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

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)

am a candidate for the nonpartisan office of Miami-Dade County 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 Farid Khavari (786) 286-6697 fk@zerocosteconomy.com
Signature of Candidate Telephone Number Email Address
P.O. Box 570502 Miami FL 33257-0502
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109756199

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of May, 2012.

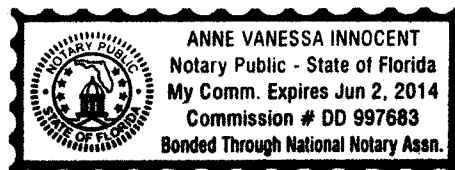
Personally Known: _____ or

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



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:

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: 2012 MAY 23 PM 3:41

MIAMI-DADE
ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

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 May 23, 2012 was \$ 535,000.00

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 \$ 535,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

Car

\$ 15,000.00

Furnitures

20,000.00

House

500,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

7300 Investment, 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

NA

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
ARBI Enterprises LLC	5910 S.W. 73 Street, Miami, FL 33143	\$ 7,600. 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
NA			

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

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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 ELECTIONS

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

OATH

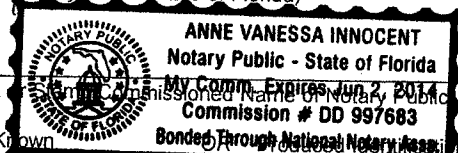
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of

May, 20 12 by Farid Akhtore KHAVARI

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

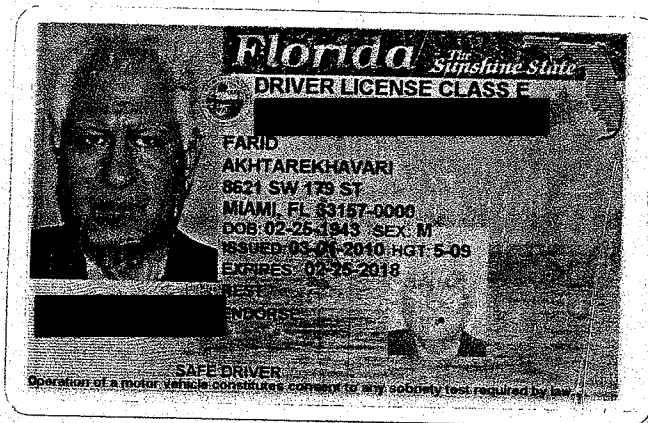
(Print, Type,  My Comm. Expires Jun 2, 2014
Commission # DD 997683
Bonds Through National Notary Assn. ☒

Personally Known ☒

Type of Identification Produced FL Driver's License

Farid Khavari
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.



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