

MIAMI-DADE COUNTY  
CANDIDATE OATH -  
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt

- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

RECEIVED  
 2016 JUN 21 AM 11:14  
 MIAMI-DADE COUNTY  
 ELECTORAL DEPARTMENT

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

B.J. CHISZAR

I, \_\_\_\_\_  
(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 - MIAMI DADE COUNTY  
(OFFICE) (DISTRICT/GROUP/SEAT #)

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; 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 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 B. J. Chiszar 305-433-0288 bj@bjformayor.com  
 Signature of Candidate Telephone Number Email Address  
801 NE 199<sup>th</sup> St. #103 MIAMI FL 33179  
 Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 114997947

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):  
Bee - Jay (B.J.) shi - zar (CHISZAR)

STATE OF FLORIDA  
COUNTY OF Miami-Dade  
Sworn to (or affirmed) and subscribed before me this 21 day of June, 2016.

Personally Known: \_\_\_\_\_ or  
Produced Identification:   
Type of Identification Produced:  
FL Driver License

Barbara Herrera  
 Signature of Notary Public  
 Print, Type, or Stamp Commissioned Name of Notary Public  




**Voter Information Card**  
Miami-Dade County, FL

Tarjeta de Información del Elector  
Condado de Miami-Dade, FL

Kat Enfòmasyon Votè  
Konte Miami-Dade, FL

Benjamin John Chiszar  
801 NE 199Th St APT 103  
Miami FL 33179

ISSUED  
EMITIDA  
ENPRIME

10/26/15

Bring photo identification  
when voting.

Registration No.  
Núm. de Inscripción  
Nim. Enskripsyon

Para votar, presente una  
identificación con fotografía.

114997947

Tanpri pote yon pyès idantifikasyon  
ki gen foto w sou li lè w'ap vin vote.

Voting Location | Centro de Votación | Lokal Biwo Vòt

Lake Park Condominium  
900 NE 199 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
208	4/6/1979	2/12/2007

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

**Penelope Townsley**

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.  
Ud. puede votar por los representantes de los distritos enumerados abajo.  
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lachannm Eta a
24	36	107
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
1	1	2

Municipality | Municipio | Minisipalite

UNINCORPORATED M-D



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ELECTIONS DEPARTMENT

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

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ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

CHISZAR, BENJAMIN JOHN "B.J."

MAILING ADDRESS:

801 NE 199<sup>th</sup> St. #103

CITY:

MIAMI

ZIP:

33179

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR

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, 2015 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 DEC. 31, 20 15 was \$ \$21,000.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \$8,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Bank Accounts (Biscayne Bank, Financial Federal Credit Union - MIAMI)	\$10,000
Furniture, Clothing, Baseball Card Collectibles, Personal Items	\$8,000
2014 Chevy Sonic	\$12,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chevy Sonic Payment (Financial Federal Credit Union)	\$9,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NA	



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
NA		NA
NA		NA

**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			NA

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

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

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

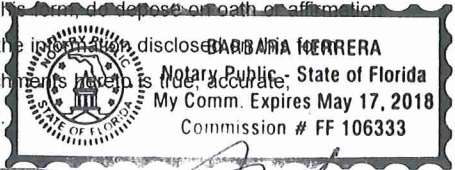
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

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 any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 21 day of June, 2016 by Benjamin John Chiszar



Barbara Herrera  
 (Signature of Notary Public--State of Florida)

Barbara Herrera  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL. Driver License

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

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