

**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

**RECEIVED**



Utility Bill  
Homestead Exemption Receipt  
Lease Agreement

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**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)

am a candidate for the nonpartisan office of Miami-Dade County Mayor (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 Farid Khavari 786-286-6697 FK@zerocosteconomy.com  
Signature of Candidate Telephone Number Email Address  
8621 S.W. 179 Street, Miami Florida 33157  
Address City State ZIP Code

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

\* 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):

Fa-rid Ka-va-ri

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 8<sup>TH</sup> day of June, 20 16.

Personally Known: \_\_\_\_\_ or

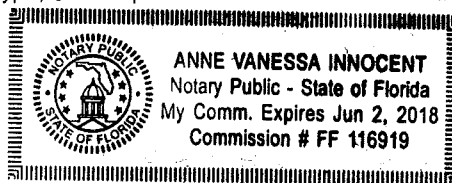
Produced Identification: ✓

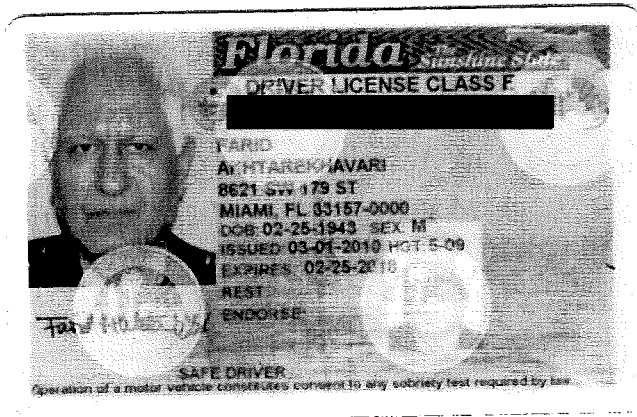
Type of Identification Produced:

Driver License

Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public





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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2015

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

## OF FINANCIAL INTERESTS

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

KHAVARI, FARID —

MAILING ADDRESS:

P.O. Box 570502

MIAMI

33257

MIAMI-DADE

CITY :

ZIP :

COUNTY :

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County 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 June 8, 2016 was \$ 572,000.00

## 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 \$ 578,000.00

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

VALUE OF ASSET

House

\$ 530,000

Furniture + personal effects

30,000

Car

18,000

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Vehicle (Lease) VW Finance

\$ 6,000

## 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.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Social Security	P.O. Box 2000, Richmond, CA 94802	\$ 2,908.80

### 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 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NA		
ADDRESS OF BUSINESS ENTITY	NA		
PRINCIPAL BUSINESS ACTIVITY	NA		
POSITION HELD WITH ENTITY	NA		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NA		
NATURE OF MY OWNERSHIP INTEREST	NA		

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## 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

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 8<sup>th</sup> day of

June, 2016  
Anne Vanessa Innocent  
 (Signature of Notary Public--State of Florida)  
 ANNE VANESSA INNOCENT  
 Notary Public - State of Florida  
 My Comm. Expires Jun 2, 2018  
 Commission # FF 116919

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

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

Type of Identification Produced Driver License

Farid Khawari

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☐

# OFFICIAL RECEIPT

## MIAMI-DADE COUNTY-FLORIDA

**No. 7129581**

RECEIVED FROM Fouad Khoury

DATE 6 / 8 / 16  
MONTH DAY YEAR

ADDRESS 8621 SW 179 Street  
STREET ADDRESS

**CASH** \$ \_\_\_\_\_ . \_\_\_\_\_

Miami CITY FL STATE 33157 ZIP

CHECKS \$ 1800 . 00

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

TOTAL \$ 1800 . 00

FOR PAYMENT OF: Qualifying fee - Mayor

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

DEPT.: Elections

BY: *A. K. Kossie Tmolent*

**FOR OFFICE USE ONLY**

[illegible]



107.01-1 6/04

## Faridkhavari Campaign Account

63-215/631

98

DATE June 8, 2016

PAY TO THE ORDER OF Miami-Dade County \$ 1,800.00  
One-Thousand, Eight-Hundred only — DOLLARS  Security Features:  100% Cotton

**0 DELUXE WALLET OR DUPLICATE**



**SUNTRUST**

MEMO Qualifying fee for Miami-Dade County Talib Phadeh

M

**SPECIALTY ELUE**

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