

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
FARIAS **JOHNNY** **G**

MAILING ADDRESS:
13718 S.W. 283 TERRACE

CITY: ZIP: COUNTY:
HOMESTEAD **33033** **MIAMI-DADE**

NAME OF AGENCY:
MIAMI-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
MIAMI-DADE COUNTY COMMISSIONER DISTRICT 9

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED
2020 MAY 12 PM 1:29
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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, 20 19 was \$ 100,000.

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 \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
N/A	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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
Electrical Masters Inc	9223 SW 4th Terrace Miami, Florida 33174	\$46,000.00

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Electrical Masters Inc.		
ADDRESS OF BUSINESS ENTITY	9223 SW 4 Terrace		
PRINCIPAL BUSINESS ACTIVITY	Electrical Contracting		
POSITION HELD WITH ENTITY	Officer		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	Working Partnership		

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 ELECTIONS DEPARTMENT

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.

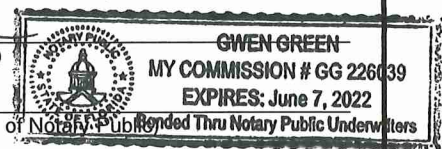
OATH

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 by means of
 physical presence or online notarization, this 11 day of

 May , 20 20 by Johnny G. FADIAS

 Gwen Green
 (Signature of Notary Public--State of Florida)



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

 [Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known X OR Produced Identification
 Type of Identification Produced

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

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

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

OFFICE USE ONLY

Proof of residency provided:

Driver's License

Voter Information Card

Property Tax Receipt

Utility Bill

Homestead Exemption Receipt

Lease Agreement

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Johnny G. Farias

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami-Dade Commissioner, District 9
(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.

Candidate's Florida Voter Registration Number (located on your voter information card): 109375537

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

John-n-y G. Fa-ri-as

X [Signature] (786) 286 7815 Vote 4 johnny@gmail.com
Signature of Candidate Telephone Number Email Address
13718 SW 283 Terrace Homestead Florida 33033
Address City State ZIP Code

STATE OF FLORIDA

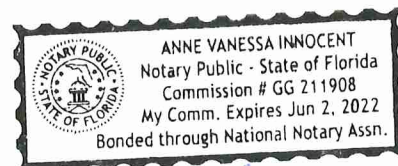
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical or online presence this 12th day of May, 2020.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced: Florida Driver License



Anne Vanessa Innocent
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 Vot
Konte Miami-Dade, FL

Johnny G Farias SR
13718 SW 283Rd Ter
Homestead FL 33033

ISSUE
EMITID
ENPRIM
06/05/1

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

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

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109375537

Voting Location | Centro de Votación | Lokal Biwo Vòt
Naranja Branch Library
14850 SW 280 St

Precinct No. Núm. del Recinto Nim. Biwo Vòt	Date of Birth Fecha de Nacimiento Dat Nesans	Registration Date Fecha de Inscripción Dat Enskripsyon
909	11/12/1969	9/15/1990

Party Affiliation | Afiliación Partidista | Pati Politik

FLORIDA DEMOCRATIC PARTY

Christina White

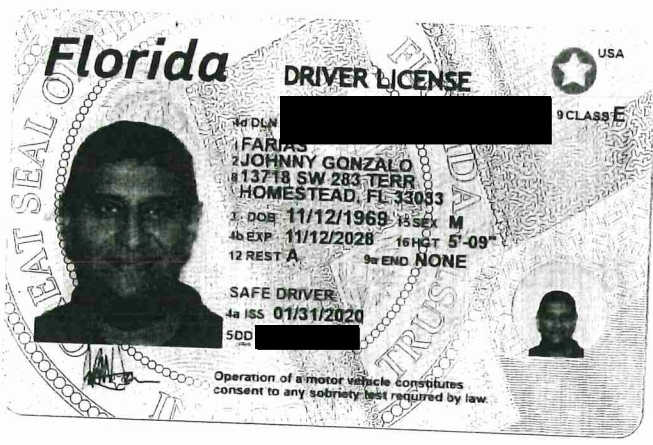
Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

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	State House Cámara Estatal Lacham Eta
26	39	117

County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asanble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
9	9	15

Municipality | Municipio | Minisipalite
UNINCORPORATED M-D



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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. **7900452**

RECEIVED FROM Johnny G. Farias
 ADDRESS 13718 SW 283 Terrace
Homestead STREET ADDRESS
FL STATE 33033 ZIP
Homestead CITY

DATE 5 / 12 / 2020
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 360
 TOTAL \$ 360

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS

FOR PAYMENT OF: Qualifying Fee - County Commissioner District 9

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT
 DEPT.: Elections By: Alessandro Innocent

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JOHNNY G FARIAS CAMPAIGN ACCOUNT
MIAMI DADE COUNTY COMMISSIONER DIST 9

1024
May 11, 2020 Date

Pay to the Order of Miami-Dade County \$ 360.00
Three Hundred Sixty 00/100 Dollars

CenterState MIAMI, Dade Commissioner, 19
 Biscayne Office For Qualifying Fee District 9

(Handwritten Signature)

Photo Safe Deposit Details on back

Harland Clarke INTO: 471 CUSTOM CREATIONS®

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 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT